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Clinical Lectures.

THE TREATMENT OF FRACTURES BY MEANS OF THE PLASTER OF PARIS DRESSING.¹

By D. BENJAMIN, M.D.

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GENTLEMEN: I have been using plaster of Paris extensively for some twelve years in the treatment of fractures, and it is undoubtedly the best, as well as the cheapest, dressing known for most cases. Notwithstanding the apparent simplicity of this dressing, it requires great care in its management in order to secure success. I have found no dressing so satisfactory as the plaster or silicate for the treatment of broken bones in *infants*. I have recently treated two cases of broken femurs in very young children—ages respectively three weeks and eight months—and, after trying various splints and apparatus, resorted to the plaster bandage, which gave great satisfaction; and, as I have not known of this dressing having been *especially* recommended in very young children, I would call especial attention to the efficacy of this treatment. The plaster bandage should be applied in broken femurs from the middle of the foot to the hip, and a spica of the hip carried as high as the navel. Care should be taken that the bandage be thick and strong at the bridge which connects the part which surrounds the hips with that which encloses the thigh. The leg should be flexed at the knee and at the hip to an angle of

about 40 degrees, respectively, while the bandage is being applied. It is well to continue the ether for fifteen or twenty minutes, while the plaster is setting. I generally use chloroform in children; and the child should be allowed to sleep (as they usually will, without awakening, after the chloroform has been withdrawn) naturally and quietly for a considerable time after the influence of the anæsthetic has passed off. The child should lie on its back, with its leg lying upon a small pillow.

The principal difficulties that are met with in the use of the plaster dressing are:

1. To get good, fresh, calcined plaster.
2. Keeping the rolls in stock without deterioration.
3. Preventing the plaster setting to a deformity, should the bones, as they are sometimes prone to do, become displaced while the plaster is getting hard.
4. Getting the bandage off when the fracture is well, or for examination.
5. The limb getting rapidly too small for the cast.
6. The time and trouble to get the plaster properly spread on the crinoline and rolled.

I shall now attempt to describe how these difficulties may be best overcome, and will also describe and show you an apparatus which I have devised for the easy preparation of plaster of Paris bandages, as well as the ordinary rolls.

1. The difficulty in getting good calcine plaster is caused principally by the fact that it rapidly absorbs moisture from the atmosphere unless it be very carefully kept excluded from the air. It is best, before buying, to test the sample. Good calcine plaster has a smooth, fine feeling when rubbed between the fingers; after it has become partially hydrated by exposure it will be lumpy, and feel coarse. A little

¹ Delivered to the third-year class at the Medico-Chirurgical College, Philadelphia.

should be mixed with water and tested as to its setting qualities. Having procured a good article, it may be kept for years without deterioration in air-tight jars. About the best jars for this purpose are large specimen jars with ground-glass covers.

2. Rolls may be kept in stock by keeping them immersed in the jar with the fresh plaster.

3. To prevent the plaster dressing from setting to a deformity where the bones have a tendency to be displaced, a compress may be placed under the flannel bandage, or a piece of binder's board or felt placed over the flannel bandage.

4. Placing a strip of sheet lead about an inch and a quarter wide under the plaster bandage, and cutting down upon it before the plaster is quite hard, and then withdrawing the piece of lead by pulling upon the end of it, will make it quite easy to spread open and remove the dressing at any time after it has hardened; but it is difficult to cut down through a plaster bandage without causing some disturbance of the relation of the bandage to the limb, or of the bones to each other, and I usually prefer to get along without the use of the lead, and take the more tedious methods of cutting through the hardened plaster at the proper time. Cutting through the plaster may be facilitated by applying nitric or hydrochloric acid along the line of the intended incision.

5. To prevent the limb getting rapidly too small for the cast, the plaster Paris bandages used as splints for broken bones as a general rule, should not be applied until after the swelling, cedema, or effusion, bruising, or enlargement have to a great extent disappeared; say from a week to ten days after the injury has been received, depending, of course, to some extent upon the amount of the swelling and the rapidity of its disappearance. Previously to the applying of the plaster of Paris dressing, temporary dressings and splints should be applied, and proper antiphlogistic treatment instituted to reduce the primary inflammation.

At any time after the plaster of Paris has been applied, should the limb, as it often will, by atrophy, become too small for the cast, a piece should be cut out of the cast from half inch to an inch wide, through its entire length, and bandages or straps applied around the plaster cast sufficiently tight to draw it up to the limb.



6. To save the trouble and time which it takes usually to get the plaster properly rubbed into the crinoline and rolled by hand, I have devised the instrument which I now show you, and will explain

to you the proper method of its use. Any instrument-maker or drug-student with sufficient mechanical ability or dexterity to be a successful surgeon can make one. This machine does not cost more than any ordinary bandage roller, and will roll all ordinary bandages with the greatest ease and facility, and, moreover, is so constructed, as not to be liable to break or get out of order. When you wish to roll a plaster of Paris bandage, you give the screw in the side one or two turns back, sufficiently to loosen the partitions. Having your crinoline bandage cut the proper width, you pass one end under the partition next to the crank, then fill the middle box with plaster of Paris, both under and above the crinoline, first having pressed the partition down to the crinoline, then raising it about the sixteenth of an inch. By the height of this partition you regulate the thickness of the plaster on the crinoline, catch the end of the bandage on the axle or shaft and turn the crank backwards; as the crinoline winds, the plaster is carried along sufficiently thick and sufficiently rubbed in to make an excellent plaster roller bandage. The roller may be wound tightly by pulling upon the distant end of the bandage, or it may be wound loosely, by allowing it to flow easily through the plaster. They should not be wound tightly, as it takes too long to soak them afterward at the time of their application, neither should the plaster of Paris roller bandages be longer than four or five yards, as it would make them too bulky. You can readily see that the plaster of Paris roller bandages can be made as rapidly, as pleasantly, as cleanly, and as efficiently on this machine as a plain roller.

Having determined to apply a plaster of Paris dressing, you first bathe the limb with alcohol or whiskey, rub it with a dry towel, apply smoothly a flannel bandage first. While doing so, have your plaster of Paris rollers steeping, end upwards in warm water, sufficiently deep to cover them, and containing about a tablespoonful of table salt to a pint of water. Having squeezed out the surplus water, after the entire plaster roller has been permeated, and having carefully ascertained that the broken bones are in their proper positions, you apply smoothly and rapidly, occasionally rubbing the hands over the layers of bandage, in order to blend the plaster of one layer into that of the other, and so proceed until you have applied sufficient plaster of Paris bandage to make a casing about a quarter of an inch in thickness. Sometimes a less thickness will answer, especially in children. While the bandage is hardening, lay the limb in the desired position upon a pillow or other soft substance, so as to prevent the indentation of the bandage, or the bending of the limb.

The great advantage of the plaster of Paris dressing is that you can get your patient out of bed and out of doors; a very great advantage, one which is of the utmost importance to business men, as it enables them to get to their place of business or office, and have an oversight of their business, or its general management at least, which sometimes may be worth thousands of dollars to them, beside the great improvement of their general health. The dressing can usually be left on for six weeks.

HÆMOPTYSIS.¹

By WILLIAM F. WAUGH, A.M., M.D.

Professor of Principles and Practice of Medicine in the Medico-Chirurgical College, Philadelphia.

THIS man comes to us complaining of shortness of breath. He is a railroader; he does not use alcoholics, and there is no reason for this trouble so far as he knows. He had to stop work four weeks ago; he coughs and spits up blood, and the curious thing about the cough is that remedies have no power to control it. Why then should this man spit blood? It is a symptom in certain young people of feeble constitution or suffering from scrofulosis. When they develop rapidly, the walls of their blood-vessels are feeble, and they have bleeding while young, or bronchial epistaxis after the age of twenty. I have taught you that this is not an indication of consumption, but a liability to it. Dullness on percussion with hæmoptysis used to be regarded as indicative of tubercular consumption of the lungs, but they are really signs of chronic, simple inflammation of the lungs—pneumonic infiltrations that are liable to become tuberculous. In acute bronchitis you may have some blood brought up; in pneumonia you have a rusty or bloody sputa, and if the lungs are intensely hyperæmic you may have considerable blood. Obstruction of the circulation usually shows some of its signs in the lungs, such as constant dyspnea, extravasation of blood from the capillaries and constant spitting of the same.

In the present case the first and second sounds of the heart are prolonged and replaced by murmurs. The patient has mitral and aortic insufficiency, without any stenosis, and the result of this is to cause hypertrophy of the heart muscle. This man has passed through the condition of hypertrophy, even though he never noticed any forcible beating of the heart during the last two or three years. Now he is reaching the period of failure in compensation, but dilatation has not developed to any extent.

What shall we do for him? He is now in one of the most difficult conditions to treat. During the last year or two we could have given him relief by arterial sedatives. It is too soon yet for digitalis. Bromide of potassium and morphine may relieve his cough. We will limit him to dry food to lessen the action of the heart; roast or corned beef, and no liquids with the meals. Besides this, he must keep as quiet as possible and not do any work. He must keep the bowels open. Gelsemium is an arterial sedative and will also allay the bronchial irritation. If he doesn't sleep well, we will give at night:

R.—Potassii bromidi gr. xx
Morphinae sulph. gr. ½

We will order him, therefore, tincture of gelsemium every few hours. We need not be afraid of the blood from his lungs; a slight hemorrhage from them would do him good, as it would relieve the hyperæmia. If this man did not have to go back to work, he could live twenty years, as far as his heart is concerned; but if he must work he will not live ten years, and if not

under the care of a physician he will die in less than two years. Always lay down the law to these patients and tell them what you can do, what they can expect, and what the results and the consequences may be, and then, if anything happens, you will have done your duty at least.

FUSIFORM ANEURISM.

This man came to our clinic five years ago and presented the following history: He was an iron founder, and had a peculiar condition that might have led one to imagine that he had two hearts. A distinct thrill could be seen in the second right intercostal space, near the sternum, and a distinct beat at the position of the apex. Examination proved that the second beat in the second interspace was caused by a fusiform aneurism. Auscultation showed no bruit, and we could not discover pressure symptoms; so we were compelled, by exclusion, to diagnose fusiform aneurism or dilatation of the aorta. The heart was markedly hypertrophied. He was treated for ten months and his symptoms subsided, but he went back to work. At present I find the same condition of affairs, and the first sound of the heart is replaced by a blowing murmur, which is heard at all of the four valves. I believe this murmur is due to the hypertrophy, and cannot think that there is any insufficiency. His hypertrophy has been caused by hard work and drinking.

SPECIFIC ANÆMIA.

This woman, aged sixty years, a seamstress, came into the hospital some weeks ago and was very ill. She had been sick for three months previous, and before that time had not been in good health for a year. She became weak, pale, anæmic; could not work and vomited everything she ate. From her cachectic appearance I suspected cancer of the stomach, but this could not be discovered after a most careful examination. There was no ulcer of the stomach. I gave her nutritive enemata, but they caused so much disturbance that I suspected cancer of the rectum; but this was not present. I then examined every organ of the body where cancer could possibly exist, but all signs were negative. Her case is one of anæmia and debility from a specific cause. Two weeks ago her breath was almost cadaveric or fæcal, but I gave her small amounts of calomel, gr. $\frac{1}{16}$, increased slowly to its toxic dose, and this odor gradually disappeared. She then began to eat more food. We gave her prepared foods, but she says junket agrees with her best, and, with small quantities of pure grape juice and small doses of calomel, she is gradually getting better, and can now walk about again. Mercury will often salivate in these cases before you can secure its specific effect. Sometimes I find it advantageous to use chloride of gold. I also find that the iodides are of more use in women than they are in men. Her nose is depressed, and in fact is typical of syphilis. I think this is a case of congenital syphilis, and not acquired. At present she is taking syrup of hydriodic acid, which strengthens the digestion and also affords the action of the iodine. With this she is also taking some

¹ Delivered at the Medico-Chirurgical Hospital.

iron. In a few days we will begin with the calomel again.

Grape juice is a good article of diet, and as a nutrient it has about the same strength as milk. Skim milk, O iss, each day will sustain a patient's weight for months, and I think that a quart of grape juice each day will do about the same.

GASTRIC CATARRH.

This patient, Jas. H., age twenty-one, Irish, complains of having had palpitation of the heart for the last five or six years. He uses tobacco and alcohol to excess, has a cough, vomits in the morning, and has no appetite at any time. Alcohol causes a typical gastric catarrh with vomiting in the morning, and irritability of the heart. These patients complain of "heart-burn," and like their food highly seasoned. The walls of the stomach become so thickly coated with mucus, that the stomach does not secrete pepsin, and will not respond to the stimulus of the food in it. No wonder that there is trouble with the heart when it is constantly stimulated by liquor. The patient's heart is excitable and not as strong as it should be. If this man stops using tobacco and alcohol he will feel badly for a time, but after that he will find that his dyspepsia will subside, the heart depression wear off, and he will completely recover; but on the other hand, if he persists in the use of liquor and tobacco he will not live to see his thirtieth year. During this time we must look after the catarrh. He should take a teacupful of boiling water, with a teaspoonful of carbonate of soda, one-half hour before each meal, to cleanse the mucus from the walls of the stomach. Then give him plenty of good nourishing food with pepsin, pancreatine and extract of malt. He must strictly avoid all condiments, or bitters, of any kind, until every symptom of catarrh has disappeared.

TOBACCO HEART.

This man was here before with an irritable heart from the over use of tobacco, and was given a preparation of coca to use in place of the tobacco. Coca takes the place of food and removes the depression from the use of alcohol and tobacco. I have used it in hundreds of cases and found it to act as an excellent substitute in many. His desire for tobacco is not quite as strong as it was, but his heart is irritable, irregular in its action, and not at all in a satisfactory condition. He must, therefore, have some heart tonic. When we speak of heart tonic, digitalis heads the list. We will give him tr. digitalis min. x, with a dessert-spoonful of tr. cinchona comp., three times a day for one week.

ACID DYSPEPSIA.

This woman complains of vomiting bitter, sometimes sour, matter shortly after each meal. Before she vomits she has an excessive throbbing headache. The bowels are regular, and there is no bitter taste in the mouth, except when she vomits. There is a good appetite, and she drinks tea at the end of each meal. There is evidently decomposition of food and development of lactic acid, which constitutes the condition known as acid dyspepsia. Lactic acid will not be formed after hydrochloric acid is present in the

stomach, and for that reason an effectual remedy here would be hydrochloric acid. Let her put of dilute hydrochloric acid gtt. xv in a wineglassful of water and take it at each meal, swallowing it by sips during the first fifteen minutes of the meal. Limit the food to those things that are not susceptible of the lactic acid fermentation. We will have her live on lean meat *exclusively* for a week, and eat no fat, bread, or pastries. She may have corn beef, mutton, boiled fish, soft boiled eggs, junket. She must not drink tea at meals, for the tannin in it precipitates the pepsin. It is well for her to drink cocoa boiled in milk. She must not use ice cream, ice water, and, in fact, as she herself says, "avoid everything that is good."

Original Articles.

ELECTRO-THERAPEUTIC NOTES AND QUERIES.¹

BY AMOS SAWYER, M.D.,
HILLSBORO, ILL.

IT may seem presumptuous for a country doctor to make his choice for the subject of a paper, Electricity, for the paucity of electrical patients in his necessarily limited field would at best make him but a mere tyro; yet, in the face of all this, I propose relating to you my six years' experience with this as yet unknown force; offering in palliation the fact, that we are merely beginning to enter the field of electro-therapeutics intelligently, and are, therefore, all upon a level, if we part not on the square. The truth is, that the most noted medical electrician of to-day is not much in advance of the freed man of the Emperor Tiberius, who, Pliny and Aristotle inform us, cured himself of gout by shocks of the torpedo; neither of them could tell what the agent was, or in what manner it eliminated the poison and removed its effect.

Electricity was discovered six hundred years before Christ, by Thales, one of the seven wise men of Greece, by rubbing amber, which the Greeks called electron, and from which the name electricity was derived. What is it? is a question that has remained for nearly twenty-five hundred years unanswered; though it has recently been said that the electric force is only magnetic force ruptured and disintegrated, and that this can be re-converted into magnetism through the medium of iron and steel. But what is magnetism?

In presenting this subject for your consideration I hope that you will correct any erroneous deductions drawn therefrom. That electricity will prove to be a valuable adjunct in the treatment of disease there can be no doubt, though in many instances electrical enthusiasts attribute to this agent effects which are no doubt due to hygienic and other therapeutic measures adopted, and it will require some time to prick these beautiful baubles which owe their origin to mental or designed deception, practiced by those who would have us believe, that, with few exceptions, electricity is the cure-all of the age.

¹ Read at the Fourteenth Semi-Annual Meeting of the District Medical Society of Central Illinois, held at Decatur, November 12 and 13, 1889.

I am fully impressed with the belief that too many physicians, like the public, think that there is little science connected with its use, and therefore all that is necessary is to procure a battery and make the application, regardless of the pole used or the point indicated; as a consequence they fail to relieve that which a thorough knowledge of the subject would have enabled them to have palliated or cured. A man that was suffering with progressive locomotor-ataxia, told me that he had purchased a battery at the suggestion of a neurologist, who ranks among the first in his specialty, and which to his disgust had not proved of any benefit, although faithfully applied for months. I questioned him as to the kind of electricity used, how applied, and did he know the positive from the negative pole? He replied: "First one kind and then the other. (Continuous and interrupted.) I applied it to my back, and do not know one pole from the other." Now here was a case where a man is ordered to procure a battery, by one that was competent to do so, but never gave any directions how to use it. As well expect a man that had never seen one to successfully run a steam-engine as to make a therapeutic use of electricity without proper instruction. Surely in such a case one kind of suspension should be used for the doctor (for it is time for him to retire from the profession) if not the other for the patient. As electricity in its return to the ocean of organic and inorganic nature has been utilized as a motor for machinery, as well as a factor for the production of light and heat, so with the same intelligent use it must become an adjuvant for the palliation of pain and the cure of disease.

If a physician intends to make use of this agent in his practice, his first object should be to procure a fifty-cell battery of some improved form, for one of a less number will not meet the requirements of every case, and it hampers one's actions to his detriment, as I have frequently realized. Procure a reliable milli-ampere meter, for it is as essential that you should know the strength of the current you are using, as it is to weigh and measure medicine. It insures precision, the foundation upon which science rests. Endeavor to so understand its application that reference to a map while using will be unnecessary. Keep in mind that galvanism diminishes irritability, and that Faradism increases it.

I now propose taking up in their order the different forms of electricity, the disease, the mode of application, and the result in my practice.

First, I will direct your attention to, in my estimation, the most important current: the voltaic, or electricity produced by chemical action, galvanism. The effect of the galvanic current in the animal system is found to depend on the number of plates employed rather than their size. One hundred pairs gives a shock few can bear, though it has no effect on wires stretched between the electrodes; put the same amount of metal surface in a few pair of large plates and it will instantly fuse wire subjected to its action, while its shock will be hardly felt. There seems to be a remarkable analogy between a voltaic current and the nervous energy. If, for example, the nerves of the stomach are divided, digestion ceases, but is re-

sumed if the stomach is subjected to the galvanic influence. My experience confirms the rule laid down by Rockwell: If firm pressure over the affected nerve aggravated the pain, the galvanic force alone can be used, beginning with a weak current and increasing gradually according to the susceptibility of the patient; if the nerve is not painful, then the Faradic can be used, should the continuous current fail to give relief; this rule will never disappoint you, and the necessity for its observance at the commencement of a treatment must be evident, for if you are obliged to change immediately from one current to the other, your patient is apt to believe either that you are inexperienced in its use, experimenting with, or do not understand the case, and lose faith in you, if not in the agent.

In neuralgia this current is generally indicated, usually acting merely as an adjunct by palliation, taking the place of that dangerous drug, morphine, by controlling the paroxysms of pain much longer; for, with an application of equal parts of a solution of tinct. aconite and chloroform or cocaine over the painful part and the immediate application of the positive pole so moistened, the negative pole to some distant part, we can become ministering angels indeed; for the angry nerve will be soothed; the swollen, epileptiform, twisted muscles have restored to them their proper functions; the turgid bloodvessels emptied of their superabundant fluid, and the wearied brain given that sweet rest so necessary to enable it to withstand the renewed attack which in a few hours is certain to return, until by other therapeutic measures the cause can be removed. Remember to begin with a mild current and gradually increase according to the susceptibility of the patient; then decrease in the same gradual manner. Apply the negative pole to some distant part, and then place the positive pole over the painful tract, the seance lasting from five to fifteen minutes, the sponges being kept saturated with warm water. In rheumatism I apply it in the same manner. Individual instances will occasionally be met where the action is temporary, fails entirely, or is positively injurious. This is quickly discovered, and must be respected by its discontinuance. In nervous insomnia, by placing the positive pole over the spinal axis, the negative between the superciliary arches, and move it slowly and lightly obliquely upward over the os frontis, alternating from one side to the other, lifting the sponge and commencing each time at the same spot; keeping the sponges dripping wet with warm water, and using a mild current, you will seldom fail to soothe, and then while yet at work bring your patient that sweet sleep so needful for wearied nature.

In removing moles, and in fact skin blemishes of every kind, it is a complete success. I use a needle, or a number of needles, as required, attaching them to the negative pole, the positive to be placed at some distant part. In torticollis, writer's cramp, lead palsy, dilatation of the stomach, I have never had the opportunity to test its reputed efficacy. In hysteria it was of no service. In spinal irritation I have given it a thorough test, and am convinced that the force generated by an eighteen cell McIntosh

battery will never afford the slightest relief. I have tried it in a number of cases of epilepsy without the slightest benefit, except that one patient comes to me whenever he has what he calls "thinking spells;" that is, he imagines that there are things following him, and although aware that it is merely a hallucination, it worries him, and as this current, applied positive pole to the cilio-spinal centre, negative over the os frontis, removes this, although the convulsion is not aborted, he values its power in this respect sufficiently to ask for its application. In contracture of the flexor of the index finger, and another case where the leg had been flexed half to the thigh for some days as the effect of rheumatism, it acted most charmingly, giving permanent relief in a few minutes. In obstinate constipation I never obtained any favorable results from the application. In infantile paralysis, in connection with the faradic, it deserves a fair trial, and I think would prove beneficial, provided that the parents could be induced to continue its use for the time necessary to produce favorable results; but this I have never been able to do, and therefore it has, with one exception, proved a failure in my hands, and I now decline to undertake such cases, as they injure a physician's reputation. With its use in diseases of women I have no experience to report. In hemiplegia, paralysis agitans, progressive locomotor ataxia, singultus, general œdema, ascites, the result has been discouraging. In the cure of ringworm it acts promptly and efficiently, one seance being usually sufficient, using positive pole. In traumatic tetanus I believe that it is a valuable adjunct, palliating much of the suffering until death brings complete relief. I formed this opinion after two days' use in a case of this kind, and it would have proved interesting to me to have watched the result, had its intelligent use been continued after the patient passed out of my hands.

On Sunday morning, Aug. 3, 1884, I was sent for to see a lady that, nine days before, had trod upon a nail, it passing almost through the foot, between the big toe and its fellow. The wound healed without undue inflammation. She reported that she had felt some stiffness of the muscles of the jaw the previous evening, when eating her supper, and that this morning they were so nearly closed that it was with the greatest difficulty that she could wedge a piece of cracker between her teeth, and then could not swallow it, the attempt to moisten it with water causing a spasm. I found the pulse 90, temperature 101° ; head drawn backward; tendency to opisthotonos; complained of a stiff, sore, drawing feeling along the spine; the patient was cheerful and wanting her breakfast. I applied positive pole (eighteen cells) to the cilio-spinal centre, with aconite and chloroform; the negative to the mastoid process, ten minutes to each side; then for ten minutes passed it up and down the spine; next, with six cells, placed one pole each side of the larynx. As a result of this seance, my patient expressed herself as being relieved of every unpleasant feeling, could open her mouth almost as wide as ever, ate a good breakfast, swallowing liquids without difficulty. I left her chloral with bromide and Fowler's solution.

The next morning she reported as having slept well, but all the symptoms of the previous day had returned, though she thought in a milder form, for she could get her mouth open to half the usual size and had experienced but slight difficulty in swallowing, though her back was stiff, sore, and more drawn; all of which my observation confirmed. As before, the electrical application relieved her; but, as I could not give her husband and friends any encouragement to believe that she would recover, the case passed out of my hands to a doctor that claimed the ability to cure her, "though it would take fine work," and which I presume that he failed to get in, as the lady died. I have no reason to suppose that the result would have been different had I continued in charge, because in such cases death is the rule; but I believe that an electrical seance twice a day would have relieved many of the distressing effects of this strange disease. As my successor was a homœopath, he should, if honest, have effected a cure by having her step lightly on another nail, or *similia similibus curantur* is a fraud.

For removing superfluous hair it is a perfect success. I use a needle, manufactured for the purpose, attached to the negative pole with a six-cell force. I introduce the needle by the side of the hair into the follicle, then let the patient touch the positive pole, and in an instant some of the contents of the follicle will exude around the needle, when the patient's fingers are removed and the needle withdrawn. The needle must enter easily; where the hairs are thick, take one here and there to avoid making the face sore.

For removing tumors, electrolysis is superior to the galvano, which possesses no therapeutic advantage over the thermo-cautery, the only difference being the mode of generating the heat; whereas when you use the needle or knife to either pole, usually the negative, especially if the other is applied to some distant point, so that the current is carried down through the growth, we are imitating one of nature's modes, curing by chemical disintegration. In this department, although not always successful, it has proved in my hands very satisfactory; in fact I do not know how I could well dispense with its use. For indolent ulcers it acts well in some cases; in others the result is negative, while occasionally its action seems positively harmful.

In the removal of tumors, opening of abscess, felons, etc., the anæsthetic effect produced by a mixture of equal parts of the tincture of aconite and chloroform, or cocaine, by electro-cataphoresis, is most marked, the operation being rendered painless.

We are indebted to Dr. B. W. Richardson for this discovery. In 1858, he applied a sponge, saturated with a solution of equal parts of tincture of aconite and chloroform, around the upper part of the hind leg of a dog, and placed the positive pole of a galvanic battery to it, with the negative to the ankle. In eleven minutes a pin could be introduced anywhere between the electrodes without pain; in twelve minutes the tendo Achillis was divided subcutaneously without pain; at the end of an hour, the limb was amputated an inch below the knee, the only evidence of pain being when the bone was di-

vided; the manipulations necessary in dressing the wound were painless.

It was then used to remove a one-inch nævus from the shoulder of a ten weeks old babe, after thirty minutes voltaic narcotism with five minims each of tincture of aconite and chloroform, without any evidence of pain.

Next, he tried it in five cases for painless extraction of teeth, with complete success. He wound cotton, soaked in the same solution, around a fine electrode, and applied around the gum, and in ten minutes anaesthesia was complete.

Next, it was successfully used to remove a tumor, the size of a large orange, from the shoulder of a woman; and again in staphyloma of the cornea.

That it is possible to medicate by this process, H. Munk demonstrated when he killed rabbits in a few minutes, by moistening the positive pole with a solution of strychnine and applying it to the skin, the negative being placed at some distant point.

Potassium and quinine, when thus introduced in man, can be detected in the urine. I have frequently cured intermittent fever in this way, when the stomach would not tolerate quinine.

That electrical cataphoresis will become, in the near future, a valuable agent, both in the field of surgery and medicine, there can be no doubt. In follicular pharyngitis, one application, six cells of three minutes duration of the needle attached to the negative pole, the point penetrating to the center of the enlarged follicle, will never fail to remove them, and is for this, if no other reason, superior to the galvano-cautery.

Faradic electricity, or the current of induction, although not so frequently indicated as the galvanic, occupies a place in electro-therapeutics we could ill afford to lose. In constipation, it occasionally acts like a charm, but will more frequently disappoint you.

In hysteria, rheumatism and neuralgia, its action has not been satisfactory; where relief has been obtained, it, as a rule, has been transitory. Dr. Davis, of Birmingham, Alabama, says: "Should there be incomplete involution of six weeks' duration, I would at once begin the use of the faradic current, using Apostoli's bi-polar intra-uterine excitator, and repeat the application every second or third day, until the organ had returned to its normal size, which can be relied on with mathematical certainty."

A little faradic machine should be in the pocket of every practitioner, for it may come in play on many occasions, when the spark of a human life would be extinguished, were it not for the presence of this little generator of an unknown agent, which can start the breathing of an asphyxiated new-born babe, call back the spirit that was about to take its flight from the body, which just in the nick of time had been rescued from a watery grave, or stop a post-partem hemorrhage that had resisted every other known means for its arrest, and thus bring the guardian-angel of the family up and away from the road which surely leads to the valley of the shadow of death.

The therapeutic effect of the electricity developed by friction, which is termed statical, because the force is restrained in a condition of high tension, has not been studied by the members of the profession gener-

ally as have the other forms mentioned, and the diversity of opinion among electro-therapists as to the benefit to be derived from its application, naturally results therefrom. Like everything else, we must not expect universal success; nor even when its application seems to be indicated, become discouraged because it fails to vindicate that which we from an individual instance, or its represented pretensions by an electrical enthusiast, are led to expect.

Dr. Landon Carter Gray, in the *N. Y. Med. Jour.*, May 4, 1888, when speaking of electricity, says:

"I have no faith in what is named static electricity, which I regard as a very pretty and imposing toy that is sometimes temporarily beneficial, and which generally has a very fine psychical effect upon impressible individuals of hypochondriacal or hysterical tendencies."

On the other hand, an eminent French authority declares among other possibilities for this mode of electrical force, that the ozone generated thereby, will destroy the germs of disease outside the body and within the clothing, basing this claim upon the fact, that persons who subjected themselves to a daily statical bath of electricity, during an epidemic of cholera in Paris, escaped an attack, though all of them were more or less exposed, through the disinfecting properties of the ozone thus generated, and which clings to the person for twenty-four hours.

I well remember one occasion, when wishing to test the effects of statical electricity, in a case of nervous prostration of long standing, the patient being in a bed insulated with porcelain rollers, that previous to its application there existed a feverish faecal odor which was exceedingly disagreeable, but so soon as the bed and patient became fully charged, the effluvia vanished as if by magic. But this is the only evidence that I can offer to sustain the Frenchman's theory. Some mycologist could determine whether such a bath would be beneficial for both patient and surgeon or not. I have frequently aborted a paroxysm of intermittent fever, presumed by its stimulating effect.

In my own case, having all my life time been subject to attacks of muscular rheumatism, I have seldom required more than two sances of statical electricity to remove every unpleasant symptom. Of course, as with other things, it will fail occasionally, but in my hands seems to be more universally adapted for the treatment of this most obstinate disease, particularly for the relief of stiff joints and muscles (chronic rheumatism), than any other remedy that we possess.

A gentleman brought to me for treatment his daughter, who had been suffering with articular rheumatism; for a long time it had remained in her knees, which were swollen, tender and stiff; she was suffering with pain, and could not raise her feet the six inches necessary to enter my office. Her father took her in his arms and put her in the chair. After a fifteen minutes' sance, using my fingers for electrodes, which, when possible, I give preference to all others, the result seemed almost magical, for she expressed herself as cured, and walked unassisted to the carriage. I expected her to come back for several sances ere the cure would be

completed, but although the knees were quite stiff and swollen for some time after, she informed me that there was no more pain, and the stiffness did not interfere with her walking about the house, and she made a complete recovery. This is one of many such cases, and which only goes to prove that what is merely an "imposing toy" in the hands of one member of the profession, may prove an angel of mercy in those of another. It certainly has failed to benefit any case of hysteria in which I have tried it. In neuralgia and epilepsy it has no perceptible effect.

In conclusion, I will add a few queries.

Electricity is at all times present in the atmosphere, as a rule being most intense four or five hours after sunrise and sunset. Query: Does this force exert any influence in disease? We usually expect a change about the time it begins to wane, at the crisis of disease.

As no chemical action takes place without the development of electricity, may it not be that this force, developed by the chemical change going on in our body, is really the so-called nerve-force? For when this condition is impaired, by lack of good food, pure air, etc., the nervous system is the first to rebel.

Dr. Christopher, of St. Joseph, Mo., in a paper on "Living Organisms," in the *St. Louis Med. Jour.*, Nov., 1884, when speaking of the causes which tend to produce death by exhausting the nerve-cells of their force-generating power, says: "The concomitants of increased temperature in exercise are increased respiration and circulation. This ought to be the case, since the action which begins the series of phenomena is in the nerve cells, and which in order to sustain their increased normal action, must be supplied with more abundant food and oxygen."

Query: Is this the case, or, on the contrary, do they not depend upon the electrical force generated in the system by the chemical action of oxygen on the tissues, and which it is their province to convey, for the development of "the series of phenomena" of which he speaks? If the nerves supplying a limb or muscle are paralyzed, no matter how much food or oxygen is supplied, the muscles are not nourished, as evidenced by their atrophied condition, for they cannot be stimulated, and it will remain so, until nature's mode of massage is resumed, thus proving the mutual dependence or endosmotic and exosmotic force of the muscle and nerve—the one generates it and the other distributes it as a motor for the animal economy.

That some remedies act by being absorbed at certain points, and by the chemical action thus induced sufficient electricity is generated to produce contractions, spasms, or degrees of paralysis of the muscles at the place of development or along those to which the nerves originating from that point are distributed, at least seems probable. This hypothesis would account for the peculiar shocks felt by paraplegic patients in the legs and thighs when taking ergot; the contractions of the muscles of the womb, etc., as well as the effects of strychnine upon the medulla oblongata and spinalis, it being as we say reflected, or, more correctly, conveyed along the nerves to the muscles they control.

The ear is, figuratively speaking, a telephone, by

which sounds are gathered and transmitted along the nerve (wire) to the man at the other end, and it becomes impaired or lost in proportion to its incapacity for conveying the nerve-force (electricity) generated.

Do not misunderstand me, I do not say that electricity is the will; it is merely the *cause* for *involuntary* and the *means* by which voluntary movements and expressions are given birth. The *will* being as distinct from the *power* as is the engineer from his engine, the telegraph operator from his instruments.

Dr. Fay claimed that after a spark of electricity passed through a card, it would be found to be burned on both sides, thus proving that there were two kinds of electricity. Granted; but does it not also prove that they do not neutralize each other at the point of juncture, as we are taught, but pass beyond, to what distance we cannot know, else the burns should point inwardly?

I have made these queries thinking that some of them may prove worthy of more than a passing thought, although well aware that in the necessity for the busy country physicians to keep posted in all the branches of medicine and surgery, they have little time to devote to the solving of abstruse problems, which from time to time arise; yet we should never forget that the immortal McDowell was only a country doctor, when his conceptive mind had mirrored to it the operation which has been the means of saving many a valued life, and enrolled his name among the most honored in the profession. The use of an agent of which so little is known leaves us a wide field to work in and one that encourages the searcher after knowledge to hope that he will be rewarded for his effort in his attempt to clear away the certainty of ignorance by the uncertainty of inquiry and experiment, and even though he should fail to reach the third stage, or real knowledge, he can open the way by which some more fortunate investigator can find the gem which we all prize—truth. Even if we are not endowed with sufficient penetration to pierce the mist of received opinion, we can encourage some more fortunate brother, and thus assist him to stem the tide, until, as it surely will do, it turns and flows with him.

TEACHING JURISPRUDENCE CLINICALLY.

By T. D. CROTHERS, M.D.,

HARTFORD, CONN.

RECENTLY, while occupying the very unenviable position of expert witness in a murder trial at Buffalo, New York, my attention was called to the presence of Prof. Clark and a class of medical students from the Niagara University. From subsequent inquiry I learned that Prof. Clark had for two sessions taken his class of medical students to the court-room on every occasion where medical testimony was to be given, and each student was asked to make notes and comments on what he had heard, which became the topic of subsequent lectures. Through the courtesy of the judges, this medical class was given an opportunity to hear all evidence bearing on medico-legal topics, particularly in will cases and capital crimes. In coroners' inquests and

at post mortems this class was accorded the same privileges.

The practical experience in personal observation of medical testimony offered in courts is invaluable, and thus supplemented with the instruction of a professor, who can point out the errors of both facts and manner of presenting them, is a marked advance of the greatest practical value to the student.

The general incapacity of medical men to make the facts clear and show their relation to the case in question gives a bad impression in the minds of the general public, while in reality the average medical man would in his office, where he was quiet and at home, give a clear conception of all the facts bearing on the case in question. Take the same man in the court-room, under the sharp questioning of lawyers, and he would appear confused and be unable to give any reasonable idea of the facts which his special knowledge should fit him to explain.

This special clinical training of the manner and customs of examining medical witnesses in a marked way enables a physician to acquit himself with credit, and gives him some idea of the demands which the court will impose upon his testimony. So far as I am aware, this is the *first effort to teach jurisprudence clinically*, and give students an idea of the duties of a medical witness. I am informed by Dr. Clark that the many courts in daily session in all our large cities give ample opportunities to hear nearly all the possible questions about which medical men are called upon to give testimony, and that this form of clinical instruction fixes the general principles of jurisprudence so thoroughly in the mind of the student that he is a superior witness ever after.

The course of instruction in this branch at the Niagara University includes carefully written reports of trials and the medical evidence offered; of questions of sanity; of possible motives and intent; of the meaning of acts and conduct; of examinations where the cause of death is doubtful, and all the various contingencies which follow the medical and surgical practice of everyday life. Also the province and duties of medical witnesses.

The many polyclinics now in operation in all our large cities should take up this neglected branch, and physicians who have been on the witness stand would appreciate most keenly the value of such teaching.

I add a note on this subject from Prof. Clark, which will be of interest to the readers, as well as to indicate the great advances that are made in this new field of science:

"Last June, at the International-Medico-legal Congress, Prof. Reese, of Philadelphia, offered the following: '*Resolved*, That in the opinion of this Medico-legal Congress, not only should the subject of medical jurisprudence be recognized among the regular branches taught in the various medical and law schools of the country, but the attendance upon this branch by the students be made obligatory, and examinations therein be considered necessary for graduation in either medicine or law.'

"We were pleased to second this resolution. In so doing we hinted at the general apathy of our colleges

in this particular. Many schools have no such chair as medical jurisprudence; relying on the several professors to teach such points of the science as may chance to suggest themselves in lecturing on the various branches usually taught.

"In other medical colleges they do even worse—they invite some fossilized judge or lawyer—the natural forensic foe of the doctor—to deliver a few high-sounding declamations, the gist being, 'the utter impossibility of making these young men lawyers in twelve lectures,' forgetting that the business on hand is to prepare these future doctors to cope successfully with those shining lights of the court-room, whose greatest achievement is to prevent the truth from damaging their side of the litigation.

"The recent graduate in medicine may be well versed in the healing arts of the physician; a deft and skillful surgeon and a competent chemist, without much knowledge of courts and legal proceedings; but wanting this little, he is in danger at the very threshold of his professional life of bringing contempt on the noblest of callings, and of ruining his own reputation beyond repair, by his blunders in his first appearance on the witness stand.

"Medical jurisprudence must be taught *clinically* as well as didactically, and by questions and answers. This is what we claim as a *new departure*. Having so far proceeded in our didactic lecturing, and in obtaining from our class perfectly committed answers to the first hundred questions of our epitome, which is a condensation of the text book of Prof. Reese, (and which we made long before we had the pleasure of his personal acquaintance,) having, we repeat, advanced so far by any proper method that the general principles of the science are well in mind, we should begin the *clinical* work.

"In every large city courts are constantly in session; obtaining the permission of the judges, invite sections of your class into the the courts where *expert testimony is being given*; if medical, so much the better; and this can surely be obtained during the course. Take notes yourself, and ask each student to do the same; and, when next in class, point out to them all the strong points made by attorneys and witnesses, and criticise all the mistakes—the appearance of the witness on the stand, his manner, words, thoughts. Note the examinations direct and cross; in fact, observe the whole machinery of a legal tribunal, and especially in its application to a medical witness, as you would note and comment on the several steps of a dissection, if teaching anatomy; or, of an operation, were you the surgeon.

"A student in Niagara University, at his first clinic, made this most succinct observation when called on to criticise a medical witness. He said: 'Doctor Blank used too many technical terms, and seemed to be talking to the newspaper reporters and not to the jury.' This was worth more to the class than an hour of lecturing.

"There is no branch of medical learning that can so well be learned by questions and answers, as this; and, as a practical teacher, I would as soon expect to make thorough work in teaching grammar, writing and speaking as medical jurisprudence. And if the

lying-in room, or ward in the 'maternity' is the place to make good obstetricians, so medical jurists must be made in the court-room; and it is absurd to allow a young doctor to gain his first practical experience in either branch, without he is accompanied by his professor or adjunct."

CASE OF TYPHOID FEVER TREATED BY COLD BATHS.

By MARY PUTNAM JACOBI.

THE following, being a case of very severe fever, is, perhaps, worth recording as a contribution to the discussion on the cold water treatment of typhoid fever. The case was observed in a boy of ten, in my service at the N. Y. Infirmary, under the general supervision of the resident physician, Dr. Eleanor Kilham. For accurate notes of the case, and for the elaborate temperature chart, I am indebted to Dr. Elizabeth Adams, interne of the service.

The boy was admitted October 2, the eighth day of his illness. This had begun September 23, with a severe frontal headache, and epistaxis, repeated three times in the course of the day. On the second day the temperature rose to 103.5° , the headache continuing, and the epistaxis recurring twice. On the fourth day the child was greatly prostrated; the fever, which had been continuous, rose to 104.5° , and there was slight delirium during the night. During the following days the evening temperature continued to rise to the same height, while the morning remissions were marked. The delirium increased in severity and duration, and on October 2, the eighth day of the illness, the child was received at the Infirmary.

On this day, the morning temperature was 101.7° , the pulse 108, and feeble; the lips were dry, the tongue dry and drawn, and there were already sordes on the teeth. The abdomen was covered with a rose-colored eruption, was moderately distended, sensitive in the right iliac fossa; while pressure upon it at any part made the child moan. The spleen was not at all enlarged, and it is noteworthy that it did not enlarge throughout the illness. At the morning observation there was no active delirium, but the intelligence was markedly obtunded and confused. The prostration of muscular strength was excessive.

It was decided to treat the case exclusively by means of cold baths, with milk diet, guarded by powders of bismuth and pepsine. My intention was that the first bath should be administered during the post-meridian rise of temperature; but, through some misunderstanding, it was given at noon, while the temperature was still a little below 102° . This bath was at 70° , and lasted only two minutes. The child was violently excited and terrified by it—screaming, and struggling to be removed. He was carried to bed in blankets, and rubbed with a dry cloth; but seemed a good deal depressed by the bath—the temperature fell to 100.2° .

At 3 P. M. of the same day, a second bath was given, at a temperature of 75° , and a duration of two minutes. The child was again violently terrified, shivered on being removed. An hour after the bath he became violently delirious. The bath was not

repeated during the night, but an ice bag was applied to the head.

The next morning the temperature rose above 105° at 11 o'clock. A bath of 88° and seven minutes' duration was given, and this time the child seemed much more comfortable after the bath. The temperature at noon was 102.6° .

Three hours later, I found the first sound of the heart extremely feeble, and the pulse so compressible as to seem gaseous. The respiration was accelerated—36; the expiration harsh, and prolonged all over the chest, with a few subcrepitant râles on the left side, anteriorly. The tongue was thickly coated, but neither brown nor dry. The rectal temperature was 105° . The bath was repeated, and from this date was given every three hours so long as the temperature rose to 103° , or over.

On account of the struggles and terror of the patient, and the apparent difficulty of reaction, the baths were made considerably warmer than in the unalloyed Brandt method—thus, at 80° and for ten minutes, instead of at 65° for 15 minutes. The temperature nearly always fell, and in proportion to its height before the bath. Thus, on the second day of treatment, the bath was given when the patient had a temperature of 106.2° , and three-quarters of an hour afterwards it was found to be 103.5° . But on another occasion, when the temperature had been 103.8° , it rose to 104.2° in half an hour after the bath. The effect on the pulse was always markedly beneficial. A pulse of 128 before the bath, fell to 108. After the second day of treatment, the pulse permanently lost the dangerously gaseous character noted at first. Another important improvement was entire disappearance of the delirium, which, in the natural progress of the disease, might have been expected to persist and increase.

On the twelfth day of the illness, and fourth of treatment, the child was very much brighter. His face has lost its apathetic expression, his eyes were open, the pupils a good deal dilated, but extremely sensitive to the light. The sordes had entirely disappeared, the tongue was moist, though heavily coated. The child received either seven or eight baths in the course of the twenty-four hours. The evening temperature kept near 105° for six days, then fell to 104° , except on three occasions. The boy always continued to protest vehemently against the baths; but the reaction, after the second day, was always satisfactory.

On the fourteenth day of the illness, some subcrepitant râles were heard at the base of the left lung, and the voice became somewhat husky, and remained so for several days. On the sixteenth day, the temperature at 5 P. M. was 100.7° , and the pulse 98. The abdominal tension and sensitiveness were lessened; the appearance of the child showed marked improvement. The pulse was firm, the subcrepitant râles had disappeared; but the respiration remained accelerated, and the expiration over the whole chest harsh and prolonged. The temperature continued to rise to 103° or 104° , and over, several times in the twenty-four hours, always falling after the bath—which was now prolonged to fifteen minutes, and reduced to 75° .

The urine never contained any albumen, but on the 15th day of the disease, the sulphuric acid test showed in it an immense amount of coloring matter, indicating great destruction of blood corpuscles. The same test applied previous to this date, had had negative results; but when used on the 32d day, the blackening of the urine was found as intense as on the 13th day. It finally disappeared, however, on the 37th day. On the 23d day, a small bed sore was formed over the sacrum, which was carefully protected from pressure, and dressed with balsam of Peru. A second appeared on the 32d day, but both were controlled by the applications. On the 17th day of the disease and 9th of the treatment the number of baths required had fallen to six in twenty-four hours; on the 19th day to five; on the 22d to four; on the 28th day to three; the 29th to two, and after the 33d day no more baths were required. On the 34th day, coincidentally with the gradual but permanent fall of temperature, appeared profuse critical perspirations. The patient was markedly anemic and hyperæsthetic to touch all over the body, and suffered from nervous headache. His appetite was good, and had been so throughout the illness after the 4th day of the treatment. He received throughout eight ounces of milk nearly every two hours, or three quarts a day. On the 36th day bread was given in the milk. No stimulants were administered. There was no diarrhoea throughout the illness. On Nov. 3d, the 40th day of the disease, the defervescence was not complete, but it was evidently fast approaching.

I think this case can be considered as one of fairly severe infection, on account of the rapid development, high temperature and delirium in the first week, and long duration of high temperature, the marked and early prostration, extensive destruction of blood corpuscles, as shown by the sulphuric acid test of the urine, great depression of the circulation, the pulmonary congestion, and the bed sores.

The abdominal symptoms alone were not severe. There was never any diarrhoea, and on only one occasion did there seem to have been a little blood in the stools. But the danger signals at the outset seemed to point towards a paralytic pulmonary congestion—a danger which was entirely averted. I think the case tends to illustrate, and so far as a single case may do, to confirm Dr. Baruch's claim that the hydrotherapeutic method is to be regarded as antifebrile rather than antipyretic. A marked reduction of temperature was indeed always effected by the baths, or with only one exception. But the reduction was temporary, and the temperature speedily rose again.

The temperature was taken in the rectum immediately before the bath, and at forty five minutes afterwards.

During the first week the average amount of reduction was 2.5, the minimum being .9, the maximum being 3.6.

During the second week the average reduction was 3.1, the minimum 1.2, the maximum 4.8.

During the third week the average reduction was 4.2, the minimum 2.8, the maximum 6.0.

It is extremely probable that after the first week

baths much colder than those which were administered would have been well tolerated. The question is whether such baths would have cut short the fever earlier than the treatment adopted succeeded in doing. Such a question, of course, cannot be answered by the records of this case. The entire duration of the fever, from the first epistaxis to the day when the baths were discontinued, was thirty-two days, and the defervescence a week longer. Thus the duration was within a week of the typical six weeks assigned to even a mild typhoid, although this case certainly began as one of severe type. The maximum temperature was reached on the second day of treatment, and tenth of the disease, when it rose to 106.2° in the evening. To this height the fever never again recurred.

The last time the temperature rose to 105° was on the nineteenth day of treatment. It first rose at 9 A. M. and the bath then produced an exceptionally deep remission, the temperature falling to 98.8° , or six degrees. In the afternoon the fever again rose to 105° , but after the bath the temperature became for the first time subnormal. This event indicated that the febrile process was at last profoundly perturbed. The minimum temperatures for the first five days of treatment ranged between 102° and 103° , with three exceptions, when the temperature fell temporarily to 101° after a bath. During the next six days the minimum lay between 101° and 102° . After the eleventh day of treatment the minimum fell below 100° and touched the norm a little later.

If it be held that the primary effect of the cold bath is, during the temporary remission of temperature it produces, to interrupt the proliferation of the infectious germs, it must follow that a definite degree of cold is as important as is a definite degree of concentration for an antiseptic solution. But we have really no knowledge about the temperature most favorable to the development of the typhoid germ. Certainly during the period of incubation, when its development is unquestionably rapid, this is effected at a normal temperature.

The effects that unquestionably result from the cold bath, are those upon the circulation and the nervous system, and if these are secured by a method which diminishes the temperature two or three degrees, it is difficult, without serious reason, to see why it is necessary to subject the nervous system to a greater gamut of temperature change than is implied in this amount of reduction. Such temperature change always implies performance of work in and by the nervous system, since it is by no means exclusively due to the mechanical abstraction of heat. It is conceivable that stimulation of the nerve-centres to the production of a certain amount of work may be beneficial, yet a greater amount be exhausting.

The enormous statistics collected by Brandt in support of the cold water treatment of typhoid fever, are not paralleled by analogous reports in regard to any other febrile disease. It is well known that Dr. Kibbee died of yellow fever on his own affusion cot, though it was in yellow fever that Currie first recommended affusion. I had some personal knowledge of

a case of malignant scarlatina, reported several years ago at the State Medical Association, by the late Dr. Giberson, of Brooklyn. The illness began with comatose symptoms, indicating the most severe type of the disease, but these were at first dissipated for a time by each cold bath which was administered. In these baths the temperature, which was not at first high, was habitually reduced to 99° in the bath and fell afterwards. But as the case and treatment progressed, the temperature continued to rise, and the interval between the comatose symptoms to become shorter. The child died of heart failure during the first week of the illness. The range of temperature, up and down, between one bath and another, was often as much as ten degrees.

In the accompanying temperature chart it is noticeable that the curve is grouped into divisions corresponding pretty accurately to periods of twenty-four hours, the minima on each side of the group, occurring in the early morning hours. The baths break up the diurnal curve into as many oscillations as baths, without changing the general configuration of the curve. The same may be said of the effect of the treatment on the total temperature curve, which is remarkably characteristic of the disease.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

RESECTION OF THE HEAD OF THE FEMUR.

PAIENT, a man aged twenty-three. He was brought to the Medico-Chirurgical Hospital several months ago suffering from chronic hip disease. History: Thirteen years ago he had a severe wrench of the right hip, which set up an inflammation, developing into morbus coxarius. When brought to the hospital, besides considerable shortening, there were several sinuses leading to the joint. The flexor and adductor muscles were much contracted, thus flexing the leg upon the thigh and the thigh upon the abdomen. The tendons of these muscles were divided, giving a considerable amount of relief to the patient. Counter-irritation, extension, and all the usual means were tried, but without the patient improving. Last Wednesday week, a slender knife was thrust through the tissues to the head of the femur, which was found in a soft and carious condition. An operation was determined on, and an incision about five inches long (a double curve like the letter S) made over the region of the greater trochanter down to the bone, the attachments of the gluteus maximus and other muscles, as well as adhesions, divided, and the periosteum scraped back, the femur being brought out of the wound. The bone was found to be soft, and necrosed for some distance down the shaft. A chain saw was thrown around the bone, and a piece about three and a half inches in length removed. The limb was then straightened, so as to bring the remaining portion of the femur against the acetabulum. It was found that the bone was still too long to admit of the limb being perfectly straightened. Accordingly, another

piece about two inches in length was removed. All the old sinuses and cicatrices were cut out, and the wound thoroughly washed out with the solution of bichloride of mercury (1 to 4000). The periosteum was then drawn back over the end of the bone and a rubber drainage tube placed in the wound lengthwise, so as to drain from either end. The wound was closed with iron-dyed silk sutures, and a mixture of equal parts of balsam of Peru and carbolized oil poured into it. It was then packed with twisted oakum, and dressed. The patient was placed in a breeches splint. This splint is composed of a wire netting, moulded to fit, and further supported with iron rods. A trap door, with a hinge, is let into the splint over the hip, so as to allow the dressings to be renewed. The splint is very carefully padded, first with oakum, and then with Canton flannel, laid smoothly, so as not to chafe the patient.—*Pancoast.*

Acute inflammation of the bladder is immediately relieved by the following mixture, taken every two hours: Infusion of uva ursi, ziv ; bicarbonate of soda, gr. x.—*Woodbury.*

For catarrh of the bladder, Woodbury recommends the tincture of the acetate of iron. It is a good diuretic and agrees with the stomach better than the chloride of iron.

In necrosis, Pancoast thoroughly scrapes away the necrosed bone, and then lets it rest. He does not approve of frequent scraping, as new bone is thereby destroyed, thus aggravating the condition intended to be cured. Bones are scraped to death, he thinks, by too persistent scraping.

In some cases of stricture, Pancoast uses what he calls a "spontaneous bougie." It consists in taking advantage of the hydraulic pressure afforded by the urine stored in the bladder. He has the patient hold closed the meatus while forcibly urinating. The urine accumulates in the urethra, and is there retained under pressure for some time, the meatus being closed, for the purpose of dilating the stricture.

TYPHUS FEVER.

This is a case that is interesting and instructive. It is interesting because the disease is rarely met with in this part of the world. One quarter of a century ago there were epidemics of it; but now it is not often that students can notice it and study it here. Such cases as these are hard to diagnose in their incipiency, but we have in this man a typical case of typhus fever. His history is this: August H., a Swede, aged twenty-one, a sailor before the mast, came into the hospital Nov. 26, 1889, and was put to bed at once. He was sick ten days before admission, and no history could be obtained except that he had diarrhoea with bloody stools when on board the ship. He has an indefinite history of a chill. At first his temperature was 99° , and then rose to 102° , and for the past two days it has been subnormal. There is a typical rash on the chest and abdomen, that consists of a petechial or measly eruption that will not disappear on pressure. Tongue is dry and coated with a brownish-white sordes. Has a vacant look, and is stupid. During the first three days the rash may be

mistaken for typhoid, as it will disappear on pressure; but after the fourth day it will not. The most peculiar feature about the case is that there is abdominal tenderness with diarrhoea; but this is due to another cause, for two of his fellow sailors had similar symptoms of diarrhoea, probably due to the water and diet on the ship. Black spots before the eyes and visions are very characteristic. The senses are blunted, and later the sphincters become paralyzed, and the patient fails to appreciate the necessity to evacuate the bowel or bladder. The disease usually comes on rapidly, with a chill and frontal headache; with fever but no epistaxis. Even though in this case we have symptoms simulating typhoid, we cannot assume that the two poisons can be concomitant in the same individual—it must be one or the other.

Now, with this hasty review, what shall be done for this man? Isolation. I think that typhus is no more infectious than typhoid; but, when once acquired, it is more fatal. During years of prosperity, plenty and peace, diseases that were malignant in times of pestilence, famine and war have become milder and more easily controlled. This disease is due to a living organism. How, then, shall we kill this germ and neutralize its ptomaine? This brings us into disputed ground. I have faith in salol as an intestinal disinfectant. It is broken up into carbolic and salicylic acids by the pancreatic juice. Every four hours this man receives salol, gr. v; and every two hours hydrargyri iodidum rubrum, gr. $\frac{1}{4}$; milk punches and beef tea for nourishment and to keep up his strength; a sponge bath several times a day of water, with one tablespoonful of phenol sodique to the quart. Complete disinfection of all excretions and thorough isolation. His condition to day is much improved and the hopes for his recovery are good.

—Gerhard.

ECZEMA RUBRUM.

Man, past middle life, who was suffering with one of the forms of eczema, called eczema rubrum. The back of his left hand, fingers, and wrist were covered with crusts and scales; the skin was infiltrated and thick; ulceration had exposed the true skin, which looked red and macerated. This is a sub-acute form of eczema. It began two years ago at the elbow with vesicles and pimples, which were close together. He had some fissures of the skin at that time. There is pain in the skin most of the time; appetite good, and bowels regular. No cause could be found for it. Eczema is not purely local, but is a constitutional disease, dependent on some constitutional derangement. Externally he was ordered:

R.—Cocaine hydrochloratis gr. iij.
Unguenti zinci oxidi benz. $\frac{3}{4}$ iss.
Lactis sulphuris 3 j.
Acidi carbolici gr. ij.

Misce, fiat unguentum et signe: Apply locally twice daily.

Internally he was given:

R.—Sodii arsenitis gr. j.
Extracti gentianæ gr. xx.
Misce, fiat pilulas No. xx, et signe: One pill three times a day.

One week later, this man returned and was nearly well. Treatment was continued.—Shoemaker.

SUBSTITUTE FOR IODOFORM.

Dr. Benjamin has found the following to answer the same purpose as iodoform when used as a surgical dressing:

R.—Zinci oxidi $\frac{3}{4}$ ij.
Hydrarg. chlor. corros. gr. j—M.

Subject the oxide of zinc to a temperature of about 200° F. for a few hours before mixing, then mix when cool and place in an air-tight box until ready to use it. This is thoroughly antiseptic and does not possess the disagreeable odor of iodoform.

PHILADELPHIA HOSPITAL.

TÆNIA SOLIUM WITH PHTHISIS.

MAN, aged 34 years; says his mother and three sisters died of consumption; moderate drinker. Three years ago he acquired a cough, and has a yellow, lumpy expectoration; pain in his chest, which is increased by exertion; short of breath and hæmoptysis. Last year had a copious hemorrhage; has lost thirty-two pounds in last eleven months; night sweats and diarrhoea, with some blood. In the midst of this condition of affairs he is passing segments of a tape-worm. The clinician then said: "I do not know that I ever saw a case of tænia solium with phthisis. When a tape-worm begins to grow, in two or three months it gets so long that it extends into the lower bowel, and pieces of it are broken off by the fæces and passed. When you find that a tape-worm is present, how will you relieve it? It is easy enough to get rid of an old worm, whose vitality is not great; but a young worm holds on very tight and is very hard to get away. The most approved plan of treatment is to thoroughly empty the bowel by a large dose of castor oil at bedtime, and abstain from food the next morning and day, and thus starve the worm, so that he is ready for one of the many remedies in vogue: such as pumpkin seeds (which are excellent), kousso, oil of male fern, pomegranate and turpentine, and many others. When the patient begins to eat, I give a few grains of kamala, which assists the pepo or other remedy to throw off the head.

In the case of this man you find difficulties in the way. You can't let this man go thirty-six hours without eating, for his present weak and emaciated condition will not warrant it. In the first place, it is not likely that the tape-worm will in the slightest degree interfere with his general health, and the probability is that he will not live long anyhow, and to get rid of the worm he would not live as long as if left alone. My idea would be to give him some of the mild remedies, and if it did bring away the worm it will not do him any harm. We will give him small doses of kamala between each meal, when the stomach is empty, and will continue it for some time. We will temporize, rather than treat it harshly.

—Curtin.

DOM Pedro has visited the Polytechnic School in Lisbon, and attended lectures in chemistry and physics. No go! He can't support himself by practising medicine unless he takes a three years' course and graduates.

The Times and Register

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WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
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NINETEENTH CENTURY ILLS.

AS every pleasure in life brings its corresponding pain or bitterness, so it may be said that every civilized aid to existence devised for human kind develops an agency for introducing new ills to torment alike suffering flesh and the Æsculapian brain. The invention of steam locomotion, telegraph and telephone instruments, electric lighting and various time and labor saving machines, while adding so much to public comfort and convenience, have also brought into existence curious diseases, which form interesting contributions to medical science, although less interesting and more expensive to the suffering victim.

Railroad spine or railroad shock, an affection unknown before travel by rail became so common, has been a familiar malady for some time; but one more recent is railroad kidney, a disease not unlike Bright's disease, but of nervous origin, due to concussions received on railroads. There is a disturbance of the general system, especially of the functions of the kidneys, the symptoms disappearing when the sufferer leaves his regular work.

The over-use of the telephone produces a curious disease, in some respects a form of asemasia, a volitional overstraining of certain powers by which we perceive spoken words when we cannot see the speaker or perceive his gestures or the movement of his lips; thus creating confusion of ideas, general nervousness and lack of self-control. Certain of the senses are developed at the expense of others—the natural equilibrium being unbalanced. Telephone tinnitus, aural overpressure, is caused by the constant strain of the auditory apparatus in persons who use the telephone continually, the ear becoming intolerant of the tinkle of the bell. The symptoms are buzzing noises in the ear, dizziness, neuralgic pains, and in some instances a sub-inflammatory condition of the membrana tympani.

The telegrapher's cramp and the professional akinesia are of the same order of affections as the writers' cramp or the violinist's cramp.

Electrical sunstroke is an affection that attacks those who are exposed to the intense rays of the electric arc used in fusing and welding metals; protection against this being afforded by wearing a mask of gray taffeta and gray eye-glasses. Ophthalmia photoelectrica is an inflammation of the eye in persons employed about electric lights, and is caused by looking at these brilliant lights at a short distance away. A succession of bright spots rapidly follow one another over the visual field, and at night there is inability to look at light without pain and a profuse flow of tears; the eyelids are swollen and movements of the eye painful. This lasts a few hours, and is succeeded by a feeling of painful weariness.

The ordinary telescopic vision is a disease by which the visual field is limited concentrically, and the sufferer can finally see nothing except that which is directly in front of his eye; this condition being due to lack of nutrition of the retina or to some disease of the periphery. An affection of vision similar to the telescopic eye may also be produced by the action of quinine. The telescopic eye peculiar to lighthouse keepers is a thickening and enlarging of the bony walls of the orbit, caused by the persistent and repeated pressure of the end of the telescope upon the surroundings of the eye, inducing a chronic form of periostitis or osteitis; the eye gradually protruding, but not becoming myopic or astigmatic.

The divers' bends is a new form of caisson disease, which attacks the victim on his return to the open air, with nervous prostration. The cavities connected with the nasal passages are obstructed, in some cases completely, while the men are at work, and in some cases extreme deafness has been induced. The sufferers often reel and stagger like drunkards, and sometimes are affected with partial paralysis. Electricity has been used with success for the treatment of this disease.

Civilized indulgences and vanities have also contributed their share of the diseases that afflict the modern world. Tight shoes, by compressing the nerves of the foot, have created "Morton's toe." Then the tennis elbow and baseball shoulder tell their own story; while chronic catarrh is in a large number of cases said to be due to cigarette throat, the result of smoking the much condemned but still favorite cigarette.

Inventive genius is still at work improving the arts and sciences, and so the demon of disease, ever on the alert, will doubtless swoop down with his attendant ills to the end of time, keeping progress with the march of civilization.

An epidemic of "rhapsania," a convulsive disease supposed to be identical with chronic ergotism, is prevalent in the Wjatka "government" of the Russian Empire. Up to the present, 683 persons have been attacked, of whom 34 have died. The Kasan Medical Society has commissioned Dr. Kondoratski to investigate the outbreak.—*Brit. Med. Jour.*

DANGER IN CAUSTICS TO THE NASO-PHARYNX.

A TALE is told of a young practitioner, just graduated, who a few days after settling in a chosen spot, was suddenly called to see a man who had incontinently swallowed the metal plate to which were attached his third set of teeth a product of the dentist's art. The newly fledged doctor saw here a chance of bringing at least one of the cardinal branches of medicine into play—that of chemistry. Sulphuric acid will eat up metal. He accordingly ordered a tablespoonful of this acid to be given for the purpose of dissolving the plate. An unsympathetic jury decided that about seven years spent in comparative seclusion would probably increase this young man's knowledge of applied chemistry, and might, also, materially advance him as a therapist.

The case just mentioned, though true, is an extreme one, yet it illustrates the fact that a man presumably of ordinary intelligence, may have his mind so fixed on one notion, that he completely forgets the collaterals.

In no other profession, probably, is it of so much importance to look at a question from every point of view, as it is in the medical profession. The medical man handles that which may give life or death, and as the more potent drugs are double edged tools, *par excellence*, it behooves him, while intently cutting in one direction with the chosen edge, to be careful that the other, which is just as actively cutting, do not incise some vital structure.

This train of thought was forcibly induced by reading in the *Jour. of the Amer. Med. Association*, for December 21, a "Report of Cases of Dangerous Middle Ear and Mastoid Inflammation, which Followed Treatment of the Naso-pharynx," by J. L. Thompson, M.D., of Indianapolis. The writer has collated twenty cases that have fallen into his own hands, and claims to know of many more, in which different degrees of mischief, varying all the way from merely temporary trouble to death itself, have resulted from caustic applications to the naso-pharynx. *Post hoc* is not always *propter hoc*, and one may be pardoned for doubting if all the cases of middle ear and mastoid disease he recorded can be ascribed to the same cause. Yet some of them undoubtedly can, and those are sufficient to make the paper valuable as a note of warning.

Inflammations spread easily in mucous membranes, and as the distance from the naso-pharynx through the Eustachian tube is but short, we ought not to be surprised to find the acute inflammation, set up by an active caustic, quickly extending from the naso-pharynx to the middle ear; and everything connected with the middle ear tends to make such a contingency most undesirable; the extreme delicacy of the parts, their comparative inaccessibility, and finally the ease with which inflammation further extends to the meninges.

As an instance of the danger in thinking on only one line at a time, we might mention the accidents that have happened whilst insufflating the nostrils to clear the Eustachian tube. The physician, intent on restoring to its normal state of patency this trouble some tube, forgot that the compressed air he forced in would undoubtedly make its exit at the point of least resistance. Unfortunately, that point not unfrequently chanced to be the membrana-tympani.

Before treating the naso-pharynx, it would be well for the physician to make careful inquiries as to the existence of any ear trouble, so that if an outbreak should occur after his treatment, he would know whether to trace it to that. And it would, also, be well, after making a caustic application to the walls of this cavity, to have the patient under observation for some time afterward.

Annotations.

WHO WILL DISCOVER IT?

MEN are always prone to catch at a straw, and, we may say, at a hair. The latter is especially true when the hair is dark colored and stoutly built.

An article in the *Philadelphia Medical Times* of July 2, 1881, by Dr. D. W. Prentiss, of Washington, relating to a change in the color of a patient's hair, resulting from the administration of jaborandi, attracted world-wide attention. He has since reported another case, and apropos of it says that the lay press got hold of his other case and he was straightway flooded with letters from all parts of this country and from England, some containing glowing promises, others enclosing an earnest of money forthwith, all anxious for the secret whereby they might change the hoary evidences of age back to the hues of youth, or cause a pleasing hirsuteness on a spot that was now a polished void.

Since two authentic cases of change in the color of the hair are on record, and others, again, of surprising stimulation of its growth, both effects the result of jaborandi, an interesting and perhaps profitable field for experimentation is opened.

It may be that in some distant day the magic and certain combination will be discovered; and if so, generations yet unborn will rise up to call the discoverer blessed; and then, as Dr. Prentiss says, "The gentle maiden with auburn hair will disappear, and the white horse be left in melancholy solitude."

CHOREA STATISTICS.

FROM a study of fifty consecutive cases of chorea, occurring during a period of three years, the writer deduces the following results:

Forty per cent. of the cases occurred in the spring, eighteen per cent. in the summer, twenty per cent. in the autumn, and twenty-two per cent. in the winter; twice as many cases occurring, then, in the spring as in any other season.

The average age was somewhat above the usual, namely, eleven and a third years.

Eighteen per cent. of the cases were males, and eighty-two per cent. females.

The children, as a rule, were in a lowered physical condition, pale and delicate.

There was a history of rheumatism in connection with the disease in only six per cent.

In forty-two per cent. was fright in its different forms ascertained to be the direct exciting cause.

Relapses were found to be comparatively rare, only twenty-four per cent. having two attacks; twelve per cent. three attacks, and two per cent. four and seven attacks each.

Only four per cent. occurred among colored children.

There was some impairment of speech in seventy-two per cent.; unsteady and irregular gait in fifty-two per cent.; affection of the left side in twenty-eight per cent., and of the right side in eighteen per cent.

The average duration of the cases was eleven weeks.

The treatment consisted mainly in the use of arsenic, as high as twenty drops of Fowler's solution three times daily for a month, together with the descending galvanic current. Chloral and bromides were used to procure sleep in the severe cases.

—Hermann, in St. Louis *Polyclinic*.

PROF. MANOLESCU, of Bucharest, Roumania, recommends the treatment of granular conjunctivitis by brushing with very short bristled, small tooth-brushes; the bristles cut down to the length of 3-4 mm. The operation being very painful, the patient must be anesthetized, as cocaine is not effective enough. The brushing must be done thoroughly, until the granulations are completely destroyed. After which a carbolic acid solution is washed over the conjunctiva, and after the arrest of the hemorrhage iodoform ointment (iodoform and vaseline equal parts) well introduced into the conjunctival sac. This dressing is continued every day during five to ten days. The patients must be kept quiet, and pain subdued by narcotics.

He has obtained permanent cures in cases presenting large follicles of a gelatinous character, and completely covering the palpebral conjunctiva. When the cornea is affected success is not so certain; but even then the granulations are destroyed in the cul-de-sac.

There is no trouble to be feared resulting from subsequent cicatrizations, for these are superficial, and are to be dreaded only when extending deeply into the tarsus.

The *Ophthalmic Review* begins its new volume with an American editor, Dr. Edward Jackson, of Philadelphia, who succeeds Dr. James Anderson, of London. It will hereafter contain original papers from American as well as English ophthalmic surgeons, with a list of all papers on ophthalmological subjects published in this country or in Europe, and full reviews of the most important of them.

Letters to the Editor.

LA GRIPPE IN READING.

READING is at present having its share of the grippe. Nearly all physicians are having cases, and some are quite busy, having had twenty-five to thirty patients in one week. It does not present any new features besides what we find in the city papers, though we find very few cases of sneezing or of coryza, but many of dry, hacking cough, intense pain in the back, muscles, and joints. A number of cases have been reported where the patient had fainted, all being females. As a rule, more females are afflicted than males; not necessarily the most delicate, but some of the most robust have been taken ill with this disease.

The temperature varies from 99° to 104°. A few of the physicians have been, and are still, sick, one having been quite seriously ill for several days.

No deaths have been reported as yet from the disease.

The secretions vary in different cases. In nearly all of my cases sugar was found in the urine. Phosphates increased, quantity of urine diminished, sp. gr. 1030 to 1034. This morning I examined a sample of urine, which gave sp. gr. 1004, only a slight trace of phosphates and chlorides being present, urates wanting. This patient has only been ill since December 31, 1889, and the attack has not fully developed as yet. There are very few physicians treating the disease in the same way, some using:

R.—Atropinæ gr. $\frac{1}{4}$.
Ext. ipecacuanhæ fl. gtt. ij.

M.—S. Every three hours.

Others prescribe:

R.—Tinct. aconiti gtt. j.
Tinct. sanguinarie gtt. xv.

M.—S. Four times daily.

Still others give either quinine or antipyrin; dose, five grains four times daily.

Another formula is:

R.—Tinct. aconiti gtt. j.
Tinct. sanguinarie gtt. x.
Tinct. cardamomi comp. gtt. xv.

M.—S. Four times daily.

And finally:

R.—Ext. jaborandi fl. gtt. ij.
Tinct. belladonnæ gtt. iij.

M.—S. Every hour.

All seem to be equally successful, and in two or three days the patients are convalescent.

A few have been sick for six days, but not many; the usual course lasting three to five days. The colder weather we are having does not seem to have any effect on the disease.

Very few cases have been reported from the country.

F. W. FRANKHAUSER, M.D.

230 SOUTH SIXTH STREET.

AN oat grain about to sprout, which was removed from the ear of a Sharon boy, solved the cause of a three-weeks headache.

AMMONIA IN THE TREATMENT OF INFLUENZA.

THE beneficent effects of ammonia in influenza, or "la grippe," are so marked and speedy that it almost merits the title of a specific. I came to use it by chance, so to speak, having first used it in my own case, in the hope that it might give me some relief from the feeling of oppression. Pleased with its effects, I began to prescribe it for others, and now depend upon it in the treatment of influenza. I desire to call the attention of the profession to it, in the hope that others may give it a trial, and either corroborate or contradict my statements in regard to it.

I have been using it in the following formula or modifications of it:

R.—Ammonii chloridi,
Ammonii bromidi,
Sp. ammonii arom.,
Vel sp. frumenti,
Liq. ammonii acet.,
Syrupi.

The effects of this combination have been really magical in my hands, all the disagreeable symptoms disappearing almost at once. I at first used quinine and gargles along with the ammonia, but found that I got as good results with the ammonia alone. I trust that others will give the drug a trial, and report their experience. LAWRENCE F. FLICK.

736 PINE STREET, PHILADELPHIA.

AS I have accepted the invitation to speak for America in the general discussion on Electrolysis of Uterine Fibroids, I shall be pleased to receive any information *pro* and *con* on the subject, and will give due credit to all concerned.

EPHRAIM CUTTER.

1730 BROADWAY, NEW YORK.

Society Notes.

ACADEMY OF MEDICINE.

SECTION ON SURGERY, NOVEMBER 11, 1889.

DR. ROBERT ABBE, in the Chair.

DEMONSTRATION OF CASES.

DR. W. T. BULL presented a case of suture of the tendon of the quadriceps femoris.

The tendon had been cut immediately above the tendon by a circular saw. The wound was enlarged, and the tendon sutured with catgut; the joint was drained; leg dressed with an antiseptic dressing, subsequently the leg was placed in a plaster splint. The boy, aged seventeen, made a splendid recovery, the restoration of the functions of the muscle being perfect. In cases where there is an open wound no one should hesitate to suture the tendon, but where the rupture is subcutaneous, the question of operation has not been settled. In view of the success of this case, we would be disposed to operate.

Dr. R. Wiener presented a case of ruptured patellar tendon, which had been operated on by Dr. Sands

with perfect success. By another fall a year ago the tendon was again ruptured, and he entered Dr. Wiener's service in Charity Hospital some months ago with an almost useless limb, the power of extension being lost, the patella being drawn upward about four inches above the joint line. An incision was made, but no remnant of the tendon found.

He, then, dividing the extensor tendon, wired the patella to the tibia, and then sutured the tendon to the two bones; the result was good, the man being able to walk in about three months.

Dr. Milliken presented an interesting case on account of its rarity before twenty; a boy with double femoral hernia.

Dr. W. Meyer presented a case in which intestinal anastomosis had been made for cancerous disease of the large intestine; the approximated parts were the colon.

Dr. Gerster presented a case of excision of the rectum by Kraske's method for cancer. Besides conjecture symptoms, an irregular nodular tumor could be felt in the rectum involving the sphincter, and extending upward as far as the finger could reach. The extent of gut removed was nearly five inches. The difficulties of this operation by the ordinary method were great, while if a sufficiently large portion of the sacrum were removed, it became fairly easy, the man had a sphincter which enabled him to hold fairly soft feces; sometime after he noticed a suspicious nodule, which he removed; subsequently he dissected out the stump of the rectum and drew it nearer the anus.

Dr. Powers presented a post mortem specimen of simple fracture of the scaphoid bone of the hand; there was no injury to the skin. He did not believe that this injury could be diagnosed without an exploratory incision.

The paper of the evening was read by Prof. F. S. Dennis, of Bellevue Hospital, on Fractures of the Base of the Skull.

In opening the doctor said, "It is the fashion or tendency of late to regard only the new operation. The importance of fractures of the base of the skull, and that it has not received the attention it deserves leads me to read a paper on so trite and old a subject." The time has come when surgeons should modify their opinions, and improve the old methods of treatment, and not be carried away entirely by the modern operations. Fracture of the base of the skull may be situated in any of the three fossæ of the cranium. They may also be divided into three varieties:

1. Fracture involving the anterior fossa, the roof of the orbit, or the nasal cavity.
2. Fracture involving the middle and posterior fossæ.
3. Fracture involving the posterior fossæ.

The first variety occurs as a result of falls or blows on the forehead, or by a cane or umbrella thrust into the roof of the orbit.

The second and third varieties, when the forces act from below, the patient falling on the tuberosities of the ischium, or a fall upon the vertex of the skull.

The signs and symptoms vary slightly, according to the seat of the injury. There are three symptoms which are nearly always present, however. Hemor-

rhage, escape of the cerebro-spinal fluid, and coma. There is no value to be attached to any one of the three individually, but occurring together, the diagnosis of fracture is certain. The source of the hemorrhage is of importance; it may be concealing the blood passing into the stomach, and an attack of hæmatemesis is the first sign of hemorrhage the surgeon may have.

The escape of cerebro-spinal fluid is a valuable diagnostic sign. It may escape through the nose, ear, or into the mouth (by the Eustachian, where the tympanum is not ruptured). The cerebro-spinal fluid has been seen associated with the discharge of slight threads and minute particles of brain substance. This complication makes the diagnosis absolute.

Coma is present with greater or less severity, according to the character and situation of the fracture. There is nothing diagnostic in this symptom.

To simplify the general subject of fractures of the base I shall advance two propositions, and attempt to prove their accuracy.

1. That fractures of the base should be considered in the same category as compound fractures of the vertex, or of the long bones.

2. That as fractures of the base present the same essential characteristics as other compound fractures, they should receive the same antiseptic treatment.

It is not necessary in this paper to refer to the treatment of compound fractures in general, but to give the technique of the application of antiseptics to those of the base.

The patient, if possible, should be removed to the operating room. The entire scalp, shaved, is then thoroughly washed with soap and water, then irrigated with 1-500 bichloride solution; the nose and external ear should be thoroughly cleansed, the ear packed with bichloride or iodoform gauze, and absorbing plugs placed in the nose. Should the cerebro-spinal fluid escape through the Eustachian tube, it is better to puncture the tympanum, and permit it to escape where it can be kept aseptic. The whole should then be wrapped in an antiseptic dressing, and placed in a fixation apparatus to insure quietude during the healing of the fracture. Dr. Dennis presented a patient who had had fracture of the base treated by this method and recovered.

Drs. Weir, Gerster and Wyeth, in the discussion which followed, agreed with Dr. Dennis on the necessity of adopting rigid antiseptic measures in the treatment of these cases, although in their services they had not been carried out to the extent recommended by Dr. Dennis.

ALUMNÆ ASSOCIATION OF THE WOMAN'S MEDICAL COLLEGE, NEW YORK.

Meeting held December 11, 1889.

The President, DR. GRACE PECKHAM, in the Chair.

DR. SARAH E. POST read a paper entitled

BASILAR KYPHOSIS,¹

presenting with it comparative sections from a nor-

mal, a foetal and a kyphotic skull. Compared with the mature skull the foetal skull showed steepness of inclination of the whole base. The kyphotic skull showed the same steepness of the basilar process. This received compensation, however, in a downward inclination of the body of the sphenoid producing an acute angle between the basilar process and the body of the sphenoid. This deformity was the essential feature of basilar kyphosis.

The kyphotic skull was obtained from a case of hydrocephalocele reported by Dr. McNutt in 1887, and published in the *Post Graduate*. Ackermann had noticed this deformity in connection with encephalocele and inferred the exclusion of intracranial pressure or hydrocephaloid processes as a cause of the cranial defect. The reader referred to the fact that opinions were still divided upon this question, viz., whether the defect first existed and the prolapse of the brain followed as a consequence, or whether the hyperplasia or the hydrocephalus existed first compelling non-union or absorption of the yielding cranial bones. She also detailed Ranke's hypothesis, which finds spina bifida and encephalocele alike due to non-separation of the epiblastic from the medullary layer after the formation of the medullary canal or tube. In consequence of this failure a septum continues to unite the brain or cord with the skin and the osseous and muscular layers fail to unite, but by increasing in thickness elevate the neural organ from its bed. The growth of the tumor follows.

Richter, physician to the idiot asylum in Germany, had found basilar kyphosis also in certain cases of infantile spastic biplegia. In this connection he found the brain carried up by the prominence until the callosum collided with the falx. In the location of the collision the callosum was atrophied, this atrophy extending centrifugally to similar convolutions upon both sides. The symmetric atrophy of infantile biplegia had given rise to many speculations. Benedikt's theory of a systemic affection analogous to anterior polio myelitis did not cover these cases, because the atrophy was not strictly confined to the motor area. In one case it would surround the fissure of Rolando, and in another the parts about the fissure of Sylvius would be affected. Hemorrhage was an equally unsatisfactory hypothesis. To suppose a meningeal hemorrhage destroying similar parts upon both sides of the brain was well-nigh incredible. In view of the obscurity which surrounds the origin of the condition, Richter's discovery or suggestion was particularly valuable.

In the kyphotic skull exhibited ossification was delayed. The same was true of Ackermann's cases. In this case the mother had suffered deprivation of food during her pregnancy. This fact together with the delayed ossification suggested intrauterine rachitis as the possible cause of the deformity. Cases of infantile biplegia had shown the ordinary signs of rickets. The suggestion of rachitis as a basis for infantile biplegia had not been previously made. It required further proof, but was apparently worth consideration.

DR. SARAH MCNUTT referred to the history of the case presented. Both in this case and in her case of

¹ *New York Medical Record*, Dec. 21, 1889.

biplegia there had been certain rachitical symptoms. The tumor in this case consisted of the dilated fourth ventricle; the pedicle contained brain tissue. A curious appearance had been an interlocking of the convolutions of the posterior lobes. Apparently there had not been room enough for their development.

DR. POST suggested that the deformity encroached upon the capacity of the skull, and thus gave rise to this result.

DR. ELIZABETH STOWE-BROWN suggested that there was a number of specimens of meningocele in the city which might be examined for the defect under consideration.

DR. POST explained that Ackermann had found in cases of pure meningocele a flattening of the base as in internal hydrocephalus. She also suggested that if hydrocephalic processes leave their impression upon the base of the skull, we may interrogate this part in regard to a number of doubtful conditions. In 1888 she had had occasion to deliver a mature foetus which had been dead for a number of weeks. The head was a membranous bag containing a reddish fluid, in which the bones of the vault floated. The other viscera were well preserved. The parents were anxious to know whether the child had had "water on the brain," and had perished from this cause. On making a vertical section through the base the speaker had found the normal angles of inclination maintained, and from this fact had assured the young parents that the child had not succumbed to the disease in question, but that the maceration was such as would follow death.

DR. GRACE PECKHAM presented the subject of

TREATMENT OF ANTEFLEXION BY PESSARIES.

The ease of induction in these cases depended upon the location of the flexion and the time during which it had existed. Where the angle of flexion was mid way, a pessary could be worn and rectification of the position with the relief of symptoms would readily follow. Gehrung's pessary was more useful than the Thomas hinge. It had been her custom; however, to use the Thomas soft rubber bulb pessary, bending it into the Gehrung shape. If a tablespoonful of borax were added to one quart of water used as a douche, these pessaries could be kept perfectly clean. They had, in some cases, been worn six months, and had had no odor upon removal.

Where the flexion was near the cervix, the body would, in most cases, fall over any support in front of the uterus. In these cases it had been her custom to lift the whole organ and leave the flexion unchanged. She had not been successful in the use of the posterior pessary with the anterior bar in these cases.

Where the flexion was near the fundus, Hodge's pessary gave the best results. The doctor asked for the experience of the members in regard to the use of the stem pessary, and the use of electricity in these cases. She also referred to the theory that anteflexion can be cured by the habit of retention of urine until the bladder is overfull.

DR. SARAH MEAD, of Newark, had used faradism

for amenorrhœa, and in cases of anteflexion thus treated had found improvement in the position afterwards. She had used galvanism also, but not so extensively. She used a gold-plated intrauterine electrode in those cases.

DR. PECKHAM asked whether the application were intrauterine.

DR. MEAD replied that one pole was connected with an intrauterine dilator or sound.

DR. EMILY BLACKWELL said that while studying with Simpson, of Edinburgh, many years ago, she had seen a good deal of treatment by stems. They were, as a rule, well borne, the patient riding, and walking, and taking other exercise with impunity. They would even return to their homes and come back at the end of six months with the stem still in position. She thought that the dangers of the treatment were commonly exaggerated. She had not, however, seen any permanent cure from the use of the stem, the flexion always returning after its removal.

DR. SARAH McNUTT thought the flexion not the cause of the symptoms in these cases. The patient suffered from the endometritis, or other complicating condition. It was very rare for the anteflexion to produce any symptoms. She therefore directed her treatment to the complications, rather than to the displacement itself.

DR. ELIZABETH CUSHIER referred to the fact that anteflexion was the normal position of the uterus with an empty bladder. This was necessarily so, because the uterus was fixed only at the neck, and consequently the body must rise and fall as the bladder was distended or empty. When the bladder was full, the uterus might be upright, or even retroverted, and yet occupy a normal position. So when the bladder was empty, the uterus would be anteflexed without any departure from the normal standard. These normal variations in position should be more commonly borne in mind in making examinations. She had no doubt that normal flexion was often mistaken for a pathological condition. It had even been asserted that the axis of the uterus could be straight only as a result of inflammatory action. Anteversion or retroversion upon this hypothesis would indicate a greater pathological involvement than a flexion, either anterior or posterior. The double, or crooked-neck-squash, flexion was the only variety of anteflexion which required direct treatment, and that deformity was not remedied by a support to the anterior wall of the uterus. If we cured the endometritis in these cases, we might leave the flexion to take care of itself. The congestion and the size of the organ would be diminished, and the distress relieved.

DR. GARDNER PHILLIPS, of Stamford, Conn., had seen but one case of anteflexion benefited by a pessary. In this case the flexion was very high. The patient had membranous dysmenorrhœa with a large cast, and suffering so intense that eight or ten grains of opium were consumed by her at each period. After correcting the displacement the cast had become smaller, and at the present time menstruation was so little painful that opium was no longer required.

DR. JULIA MCNUTT had found anteflexion relieved after forcible dilatation and treatment of the canal. In this treatment it had been her custom to leave Outerbridge's speculum in the cervix to assist drainage, for a number of days.

DR. POST had used intrauterine applications of faradism for the dysmenorrhœa of anteflexion for a number of years. One pole was applied as a broad sponge to the sacrum or hypogastrium, then the sound was passed to the point of resistance, and the key of the other pole was brought into contact with the sound, only a very mild current being used. Within a few seconds of the attachment of the wire, the sound would glide into the uterus, past the obstruction, without force. The applications were made three or four times a month, midway between the periods. The relief of the dysmenorrhœa was, in these cases, associated with a diminution of the deformity, as Dr. Mead had suggested.

DR. PECKHAM closed the discussion. She could not entirely agree with Dr. Cushier that anteflexion must follow emptying of the bladder. She could not consider the uterus as a fixed organ, even at the neck. She also continued to believe that pessaries were indicated in a certain proportion of cases of anteflexion. She had seen symptoms relieved by their use after measures directed to the endometritis had failed.

Book Reviews.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES, Embracing the entire Range of Scientific and Practical Medicine and Allied Science. By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by ALFRED H. BUCK, M.D. Volume VIII. Containing an appendix (523 pp.) and a general index (197 3-column pp.) William Wood & Company, New York.

This volume closes the cyclopædic work edited by Dr. Buck. The most important chapters are those upon Wounds, by D. L. Huntington; and Yellow Fever, by G. M. Sternberg. In the appendix, S. C. Busey treats of the Absorbent System; A. D. Blackader, of Artificial Feeding; W. Browning, of the Brain; J. N. Mackenzie, of Chronic Catarrhal Inflammation; C. J. Kipp, of the Ear; B. F. Curtis, of Intussusception; E. H. Bradford and R. W. Lovett, of Joints; S. H. Gage, of the Lymphatic System; J. P. McMurrich, of Reproduction; L. Putzel and W. W. Keen, of the Spinal Cord; S. H. Gage and B. G. Wilder, on Terminology; G. Haven, on the Uterus; and W. S. Dennett, on Vision.

EGYPT AS A WINTER RESORT. By F. M. SANDWITH, F. R. G. S., London. Kegan Paul, French & Co., No. 1 Paternoster Square, 1889. 12 mo. Pp. 153. Price, 3s. 6d.

This book contains such information as the physician desires, who contemplates sending a patient to Egypt. It is something better than a guide-book, as it gives the data from the standpoint of the visitor, or rather of the medical visitor. The author treats of the advantages and disadvantages of Egypt as a health resort; of what patients to send there; what they are to take with them; how to get there, and what to do when they do get there. It is pleasant reading, even to a stay-at-home.

THE CLIMATE OF THE EASTERN SHORE OF MARYLAND. Considered with reference to its sanative and curative influence in pulmonary consumption and other diseases. By C. W. CHANCELLOR, M.D., Baltimore. Walworth & Co., 1889.

Dr. Chancellor considers the topic of health resorts in general, combats the idea that high altitudes are necessary, and gives a concise and exceedingly interesting statement of the climate, meteorology, vital statistics and miscellaneous advantages of this region, but little known, except by the sportsman, although so near to our great centers of population. Our readers will find themselves well repaid for their trouble, if they procure this little volume.

Skeleton Notes upon Inorganic Chemistry. Part II. Metallic Elements. By P. DE P. RICKETTS, Ph.D., and S. H. RUSSELL, E.M. New York, John Wiley & Sons, 1889.

While the student is taking down his note, he misses the next thing his teacher utters. To obviate this difficulty, in part, at least, the present book is intended. It contains the stock notes, the equivalents, properties, tests, applications, etc., with plenty of blank space to jot down other points which may be included in the lecture. Its use cannot but be advantageous to the student.

JAHRESBERICHT ÜBER DIE FORTSCHRITTE AUF DEM GEBIETE DER GEBURTSHILFE UND GYNÄKOLOGIE. Unter Mitwirkung von Dr. Ahlfeld, Bunn, E. Cohn, Döderlein, Felsenreich, Frommel, Löhlein, C. Ruge, Sängers, Schwarz, Stumpf, Veit, Wiedow. Herausgegeben von Prof. Dr. Richard Frommel in Erlangen. II Jahrgang. Bericht über das Jahr, 1888. Wiesbaden. Verlag von J. F. Bergmann. 1889.

An octavo book of over 650 pages, in which is to be found an epitome of the world's work for the past year, upon obstetrics and gynecology, as seen through German spectacles.

A HAND-BOOK OF DERMATOLOGY. For the use of students. By A. H. OHMANN-DUMESNIL, A.M., M.D. Illustrated. St. Louis Med. & Surg. Jour. Pub. Co. Pp. 167.

A hand-book prepared as a guide for the students attending the author's lectures, and of a convenient size for the pocket. The illustrations are mainly from drawings by Dr. F. L. James.

Pamphlets.

A Suggestion as to the Action of Olive or Cotton-seed Oil in Gall-stone Colic: Observations on the use of the oils, and reports of cases, by David D. Stewart, M.D., Lecturer on the Diseases of the Spinal Cord, and lately Chief of the Medical Clinic, Jefferson Medical College. Pp. 12. Reprint from the *Medical News*, November 23, 1889.

Rocky Mountain Fever, by Roland G. Curtin, M.D., Philadelphia. Paper read before the American Climatological Association at its third annual meeting. Pp. 11. Reprint from the *New York Medical Journal* for January 8, 1887.

The Climatology of Hemoptysis in Chronic Lung Disease from an Etiological and Therapeutic Standpoint, by Roland G. Curtin, M.D., Ph.D., Philadelphia. Pp. 13. Reprint from the *Transactions of the American Climatological Association*, June, 1889. William J. Dornan, Philadelphia, 1889.

Climate as an Etiological Factor in Graves' Disease, by Roland G. Curtin, M.D., Philadelphia. Pp. 7. Reprint from the *Transactions of the American Climatological Society*, September, 1888. William J. Dornan, Philadelphia, 1889.

The Medical Digest.

FOR acute catarrh of the rectum, the *Medical News* recommends the injection into the bowel of half a tumblerful of a saturated solution of potassium chlorate. The injections should be made gently, and the solution retained for ten minutes.

ADVANTAGES OF THE USE OF IODOFORMIZED GAUZE IN DILATATION OF CERVICAL CANAL.—

1. It drains the uterine cavity by capillary action, instead of confining septic fluids, as do dilatable tents.
2. It does not tear the mucous membrane of the uterus, and thus afford a ready channel for septic poisoning.
3. In but a small proportion of cases is there severe pain after its introduction.
4. It can be used with perfect safety in the office.
5. It is easy of application.
6. Its use is entirely devoid of danger if ordinary antiseptic precautions are used.—Haynes, in *South-ern California Practitioner*.

HEALING OF WOUNDS WITHOUT DRAINAGE.—Though from the nature of the case an aseptic wound should need no drainage, yet few surgeons feel so confident of an absolutely aseptic condition that they are willing to close entirely wounds made in some major operation.

Ludwig Hektoen, in *N. Am. Pract.*, gives short accounts of quite a number of operations, however, after which the wound was closed without drainage and healed by first intention. Most of those mentioned were performed about the thigh, knee or leg, such as re-sections of the knee-joint for tuberculosis, removal of wedge-shaped piece of bone for ankylosis, amputations of the thigh, and the like. Ten cases in all are recounted with uniform good results: Of course, the most elaborate antiseptic precautions were taken.

THE OBJECT OF UTERINE MASSAGE.—"The manual, or, as it is also called, the massage or gymnastic treatment of disease of the female pelvic organs, as recently advanced by Thure Brandt, of Stockholm, must now be considered an established method." With this introduction, Dr. Karl Sandberg gives an interesting report of his experiments with the massage treatment upon the pregnant uterus which, he claims, were attended with extremely satisfactory results, proper precaution being taken not to bring on the labor pains by undue handling of the organ. He says that the object and effects of the treatment are:

1. To place the uterus and its appendages in a normal position.
2. To empty over-distended veins and accelerate sluggish circulation.
3. To remove all inflammatory products in the uterus itself, or in the pelvis.
4. To stimulate over-distended ligaments to contraction, and remove obstacles in this direction.

—*North American Practitioner*.

THE ABORTIVE TREATMENT OF ACUTE PELVIC INFLAMMATION.—After drawing the distinction between pelvic cellulitis and pelvic peritonitis, Dr. Hardon proceeds to a discussion of the methods of aborting an attack of these affections of the pelvis. For the former, if seen in the stage of effusion, he recommends withdrawal of the effusion from the cellular tissue by means of the aspirator, under antiseptic precautions. The needle is inserted to the depth of about half an inch, and the piston withdrawn. Three punctures are usually sufficient. This operation is followed by immediate relief, and prevents the formation of adhesions from the deposit of plastic lymph.

For pelvic peritonitis, he recommends active catharsis, giving teaspoonful doses of Epsom salts every hour, until watery stools are induced. Five to eight doses usually suffice to produce free evacuations of the bowel with marked relief to the symptoms.

A case illustrative of each condition, with notes on the treatment are reported in connection with the paper.—*Atlanta Medical and Surgical Journal*.

TREATMENT OF INFLUENZA.—Horace Dobell recommends the following as a routine treatment in the *Brit. Med. Journal*:

1. It is best to go to bed at once, and take hot gruel, hot tea, and beef-tea for diet during the more acute state, resuming ordinary solid meals as soon as practicable.
2. The bowels should be kept well open (but not much purged) by any aperient known to act most kindly with the patient.
3. The use of the following inhalation should be begun immediately: R.—Creasoti, ʒj; olei caryoph., ʒj; olei eucalypt. glob., ʒj; tr. camph. co. ad ʒij. Shake the bottle, and put one teaspoonful into a four-pound jam jar, nearly fill it with boiling water, wait two minutes to let the hottest steam pass off, and then hold the face well over the jar, and throw a large light handkerchief over the head and jar; shut the eyes, and let the forehead and face be thoroughly exposed to the steam, which should be drawn up the nostrils and blown out at the mouth. Continue this as long as steam lasts (about fifteen minutes), and repeat every two hours.
4. In the interim, gargle occasionally with hot water, and let all secretions from the nose and throat be ejected.
5. Soon after the first inhalation, begin the following restorative febrifuge: R.—Sp. camphoræ, ʒj; sp. ætheris nitr., ʒj; tr. quin. ammon. ad ʒij. Ft. guttæ. One teaspoonful stirred in a claret glass of water every three hours.
6. If the temperature rises above 101° F., take gr. v of antifebrin in two tablespoonfuls of beef-tea, and repeat every hour till the temperature falls to 100°, continuing the inhalations and drops as before.
7. If pain or oppression at the chest sets in, apply hot poultices.

No danger need be apprehended if the above directions are followed in good time. The doses ordered are for persons over twelve years of age, and must, of course, be reduced for those who are younger under medical orders.

Medical News and Miscellany.

DR. JOHN S. STEWART has removed to 1716 Chestnut Street.

MANY Philadelphia physicians are confined to their homes with influenza.

PROF. LAPLACE has returned from a flying trip to his old home in New Orleans.

NINTH Ward Gas Works offend neighboring nostrils with odors of naphtha.

LORETTA has sutured an ununited fracture of the neck of the femur successfully.

ALCOHOLIC beverages act powerfully in inducing the attack in the present epidemic of influenza.

LONDON hospital nurses complain of insufficient feeding—not of their charges, but of themselves.

SYNTHETIC carbolic acid is now supplied. It is free from the contaminations which are present in the acid now in use.

THE American Medical Association of Vienna states that a student can live economically in that city for from \$30 to \$40 a month.

RICORD is said to have left memoirs of his life and professional career under the suggestive title of the *Nineteenth Century Seen with the Speculum*.

MISS COBBE charges the English physicians with carelessness in not taking precautions against the carrying of infection from patient to patient.

DR. FIEANDT, a Finnish physician, has treated pneumonia successfully with applications of ice, in connection with medicines usually employed.

VERY small doses of quinine suffice to cause tinnitus, just now. Like alcohol, quinine renders the person who takes it more liable to the influenza.

DR. RICHARDSON, in his lecture on "Disease and How to Combat it," says that sunlight in the sick-room has a direct influence on minute organic poisons.

LA GRIPPE of last week has become the influenza now; and with the access of the catarrhal form it has become more general, more intractable, and more fatal.

DR. SUDDUTH has gone to Iowa, where he is engaged to deliver a course of lectures upon histology and pathology at the State University, Medical Department.

THE fears that the sultry weather may indicate a visit of yellow fever at Memphis next summer, may be allayed by the fact that the city is unusually healthy at this season.

THE St. Louis *Clinique of Physicians and Surgeons* is the new name of the former *Medical Chips*. We congratulate the publishers on the change. Medicine is a serious affair, dealing as it does with human life and human suffering; and if Wisdom ever should put on Folly's cap and bells, it is not in the naming of a journal dealing with such subjects.

THE Supreme Court of Georgia has decided that the proprietor of a patent medicine is liable for damages for injury done to any person who takes the medicine according to directions.

THE lazaretto of the leper colony at Tracadie, New Brunswick, has now eighteen patients. Eight years ago there were twenty-seven, so it is not impossible that the disease may in time be stamped out.

BIRMINGHAM, England, has a living microscope in a lad, who, as the result of some disease of the eye, is gifted with vision of such magnifying powers that he can distinguish distant minute objects with clearness and precision.

THE University of Basle is the only one in Switzerland which still refuses to admit women to its medical teaching. A petition has lately been presented to the Dean of the Medical Faculty, praying for the removal of this restriction.

DR. BEAUMETZ, in *London Hospital*, states that consumption has been spread in an establishment in Paris where clerks were in the habit of expectorating on the floor, and the rooms were swept while the employees were assembling in the morning.

IN Scotland the Inter-Universities Students' Committee recommends the extension of the medical course to five years, with a short preliminary course on medicine and surgery, and compulsory instruction on the eye and ear, and on operative surgery.

IT is reported that Dr. Briand, a physician attached to the French hospital at Villejuif, has effected remarkable cures of consumption by gradually accustoming the patients to exposure in the open air until they can sleep outdoors, regardless of weather.

DR. T. RIDGWAY BARKER, demonstrator of obstetrics and chief assistant in Prof. Stubb's Surgical Clinic in the Medico-Chirurgical Hospital, has resigned the latter position, having accepted the appointment of chief assistant in Prof. Stewart's Gynaecological Clinic.

FORTY-THREE cases of typhoid fever, sixteen of diphtheria, and one of scarlet fever were reported to the Camden Board of Health. The great increase in the number of typhoid cases is accounted for by the fact that physicians now get a fee of twenty-five cents for each case reported.

The London edition of the *New York Herald* states that in blasting at the Minnie Mine on Aspen Mountain, a cave was discovered, in which were the bodies of several petrified men, sitting with their heads on their knees, and arms clasped around their legs. The figures crumbled, unless very tenderly handled.

THE deaths in Philadelphia in 1889 numbered 20,536; the births, 26,778. The principal causes of death were: Consumption, 2,502; pneumonia, 1,582; marasmus, 890; convulsions, 867; old age, 850; cholera infantum, 838; heart disease 820; typhoid fever, 737. From the leading microbic affections there were 6,360. The deaths from typhoid fever were 48 less than in 1888. 122 were over 90 years of age, and 6 were over 100.

A CASE is recorded of a child being poisoned by chewing the stem of a common Calla or *Richarda Africana*. The symptoms were rigors, vomiting, paleness, and subsequent lividity of countenance, convulsive movements, and failure of circulation, the child being in a critical condition for several days.

WE welcome to our exchange table the *Illustrated Medical News*, which now comes to us for the first time. The number before us contains a paper upon Tuberculosis of the Choroid, by George Carpenter, illustrated by a colored plate, showing three microscopic sections.

THE engineers on trains running between Philadelphia and New York, are mostly young men, and they frequently change in the course of a year, as it is said old men do not have nerve to stand the strain and responsibility of engineering trains running with such terrific speed, and even the nerves of young men become shattered in time.

A MOST enjoyable dance was given by Dr. Taylor, editor of *The Medical World*, last week. Several novelties in the dances were introduced, among the prettiest of which were the handkerchief figure and sheet figure. Dr. Taylor is a most genial host, and knows how to make his guests enjoy themselves.

DR. BERNAYS, in the *St. Louis Globe Democrat*, in speaking of chloroform as an anæsthetic, says that chloroform is not fatal in one case out of a thousand; and in nine cases out of ten, where a patient succumbs, he is simply frightened to death, as the post-mortems in that percentage of cases fail to show any lesion. Ether is more dangerous than chloroform, and the records will prove it.

LAST week the influence of the epidemic was shown by a rise in the mortality to 492; as compared with 404 the preceding week, and 366 the week before that. Of these, pneumonia is credited with 71; consumption with 69; old age, 30; heart disease, 24; typhoid fever, 24; convulsions, 22; diphtheria, 17; croup, 16; debility, 15; bronchitis, 13.

All microbic disease, 215.

Diseases of respiration, 188.

TYPHOID fever is a disease which the Michigan State Board of Health has declared to be "dangerous to the public health," and as such it comes under the law requiring physicians to report to the health officials. Any physician who shall neglect to immediately give such notice, "shall forfeit for each such offence a sum not less than fifty nor more than one hundred dollars." After October 1, any householder who shall refuse or wilfully neglect immediately to give such notice, shall be deemed guilty of misdemeanor, and is liable to a fine of one hundred dollars, or, in default of payment thereof, may be punished by imprisonment in the county jail not exceeding ninety days. This same law applies to scarlet fever, diphtheria, small-pox, and all such diseases, as well as to typhoid fever.—*Pharm. Era*.

P. BLAKISTON, SON & Co., 1012 Walnut street, Philadelphia, will publish in January the following works: "Winckel's Obstetrics," original illustrations; Lewis on "Mental Diseases;" Humphrey's "Manual for Nurses;" Obersteiner on "The Central Nervous System;" Ostrom on "Massage and the Original Swedish Movements," illustrated; Crookshank's "History and Pathology of Vaccination;" and Murrell on "Chronic Bronchitis and its Treatment."

IN St. Louis, recently, consternation was created by the appearance of a leper in the Circuit Court, on a writ of *habeas corpus*. It was alleged by friends that he had been restrained of his liberty without cause by the Health Commissioner, who detained him in Quarantine Hospital, his lawyer denying the affliction of leprosy, or any infectious or contagious disease. His appearance was so loathsome, proving his leprosy beyond a doubt, that the judge ordered him back to Quarantine Hospital. The Court was hastily adjourned, and the room fumigated.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from December 24, 1889, to December 30, 1889.

Leave of absence for one month, to take effect not later than January 1, 1890, with permission to apply to Division Headquarters for an extension to include February 27, 1890, is granted Major Calvin De Witt, Surgeon, Fort Missoula, Montana.

Changes in the Medical Corps of the United States Navy for the two weeks ending January 4, 1889.

STONE, E. P., Passed Assistant-Surgeon. Ordered to the Independence, Mare Island, Cal.

CLARK, JOHN H., Medical Inspector. Ordered to the U. S. S. Baltimore.

DIEHL, OLIVER, Passed Assistant-Surgeon. Ordered to the U. S. S. Baltimore.

STILT, E. R., Assistant-Surgeon. Ordered to the U. S. S. Baltimore.

SMITH, HOWARD, Surgeon. Ordered to the U. S. S. Alliance.

GATEWOOD, J. D., Passed Assistant-Surgeon. Ordered to the U. S. S. Despatch.

TRYON, J. R., Surgeon. Ordered to the Naval Medical Examining Board.

SCOFIELD, W. K., Medical Inspector. Ordered to special duty at New York City.

QUINTERAS, D. M., Passed Assistant Surgeon. Ordered to the Naval Hospital, Philadelphia, Pa.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

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